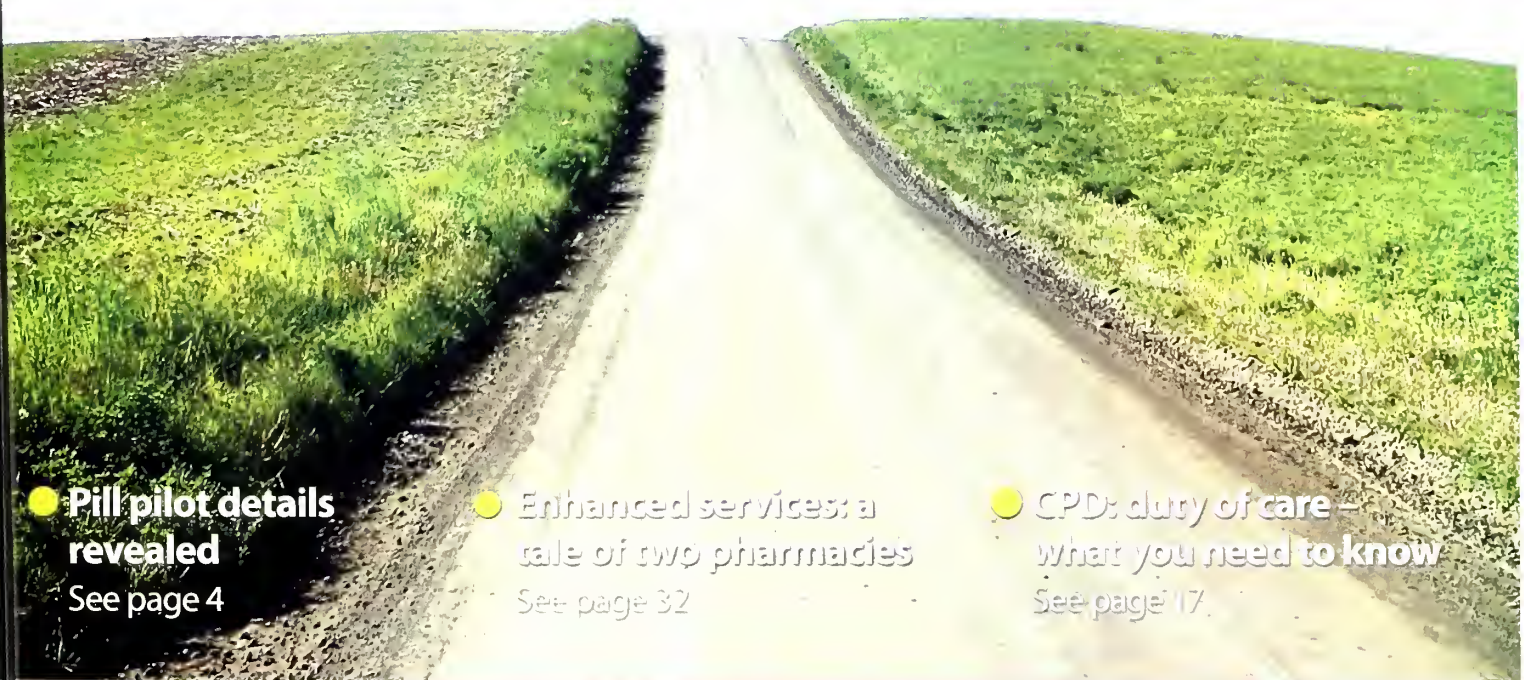
C+D

P rmedicines:

The end of the road?

See page 10



Pill pilot details revealed
See page 4

Enhanced services: a tale of two pharmacies
See page 32

CPD: duty of care – what you need to know
See page 17

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Chemist+Druggist
news education tools

Comment from the Editor

Is the P category on its last legs (p10)? I seriously hope not – for everyone's sake.

The past few years have seen a good many firsts for the P category – triptan, statin, antibiotics, two new painkillers, amongst others – while, admittedly, some have been more successful than others. Nevertheless this is an important market for pharmacy, the industry and the public.

But the transition to GSL status within a couple of years for these medicines shouldn't be seen as a given – indeed the Commission on Human Medicines advised against a reclassification request for fluconazole from P to GSL and the application was turned down. All is not lost – this category is worth fighting for.

And the imminent POM to P switches on the horizon – orlistat, tamsulosin, trimethoprim and nitrofurantoin – could offer pharmacies opportunities not only to sell these products, but also to encourage the customer to get involved in another service, be it weight management, vascular screening or sexual health.

There is no doubt that the contraceptive Pill pilots in pharmacies in Lambeth and Southwark will be an important measure of pharmacy's commitment to the P category, and the public support for such a switch. Pharmacies in the Lambeth, Southwark and Lewisham areas were among the forerunners of the EHC PGD and are well known for their work on tackling the high number of unwanted pregnancies in their boroughs – an ideal testing ground for the Pill pilots.

It's clear the category needs some support. Pharmacists need it to ensure they can find the time to promote P medicines, especially if a Super P category is introduced. And counter assistants also need time from their pharmacist to get the support they need to ensure they are selling P medicines to the correct protocols and have undertaken the necessary training for new launches.

As ever, there is no quick-fix solution. Which sounds like the right advice for this category.

Fiona Salvage,
Deputy Editor

Contents

Pill supplied without prescription

Lambeth and Southwark will be first boroughs to take part in contraceptive pilot

Zoe Smeaton/Edward Howell

Pharmacists in south London look set to become the first in the country to provide the contraceptive Pill to women without a prescription from next summer.

Pilots schemes in Lambeth and Southwark are due to begin in mid-2009.

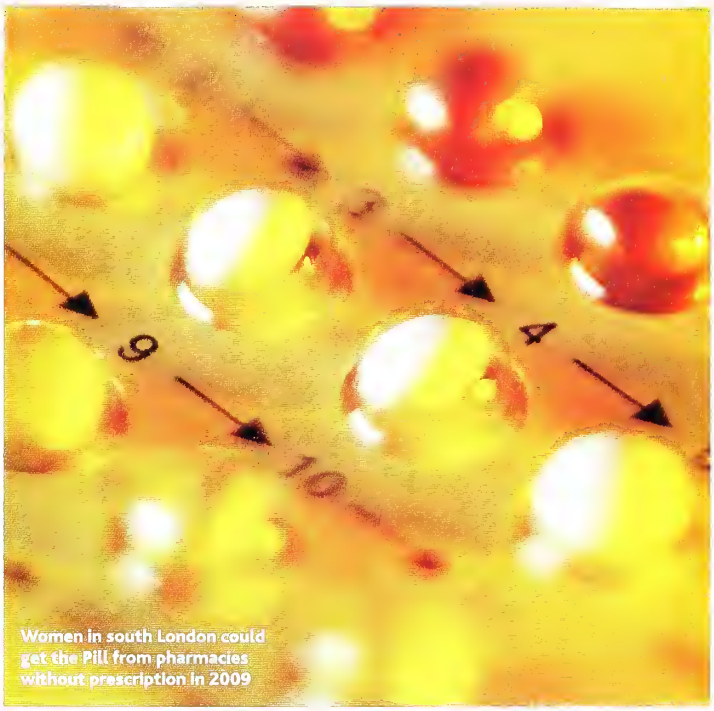
Dr Jane Fryer, medical director at Southwark PCT, said: "Women have told us that they want to access sexual health services that open for longer hours and in more convenient locations. The services we have developed in pharmacies reflect their demands."

Lewisham PCT also said it planned to provide the Pill from pharmacies, but was unable to confirm when the scheme would start.

Yogendra Parmar, secretary of Lambeth, Southwark & Lewisham LPC, said the committee had been working with the PCTs to develop the schemes.

It is not yet known which pharmacies will be running the pilots. But pharmacists involved will take an accredited training course, which Southwark PCT has worked to develop with King's College London.

As the pilots are still being developed, there was concern that patients could misinterpret national media coverage to mean the Pill was already available via pharmacies.



Women in south London could get the Pill from pharmacies without prescription in 2009

Ash Soni, vice-chair of the LPC, warned pharmacists could get "patients coming in asking for the service, thinking they can get the Pill from the pharmacy".

The pilots follow a government investment of £26.8 million in 2008-09 to improve women's access to contraception and help reduce the number of unintended pregnancies.

PCTs are leading on the individual schemes but a spokesperson for the Department of Health said: "We will be receiving quarterly updates from SHAs on improving access to contraceptive services and will be meeting with them to discuss the success of their schemes."

Southwark PCT said it would be writing to pharmacists shortly with details of the scheme.

For news on future POM to P switches, see page 10

Fee hike for enhanced services

Pharmacies pioneering enhanced services could incur higher premises registration fees than those offering only core contract requirements, under government plans.

It is proposed that the profession's future regulator will be able to charge "differential fees" based on pharmacies' levels of service delivery.

The proposals are outlined in a three-month consultation on the General Pharmaceutical Council (GPhC) launched by the Department of Health (DH) and the Scottish Government this week.

"Those carrying out activities designated as 'high-risk' practices, who require more frequent inspection visits, could be required to bear the cost of these inspections," the document said.

The GPhC should co-ordinate with PCTs and other healthcare regulators to keep inspections "to a minimum", the consultation said. This reflects the document's pledge for closer collaboration between the GPhC and other stakeholders, including employers.

Although the governments do not intend the GPhC to register pharmacy students, the regulator is set to monitor candidates for "any factors which may indicate prospective students' unsuitability for training as a pharmacist or pharmacy technician".

The consultation confirms the intention that the GPhC will place the interests of the public above those of registrants. It ends on March 9, 2009.

The GPhC is likely to launch in spring 2010, a DH spokesperson said. To see the document in full and give your views on the proposals go to www.chemistanddruggist.co.uk. **JR**

Responsible pharmacist consultation

Responsible pharmacist (RP) guidelines are set to go to consultation in the new year.

A meeting of an RPSGB-led steering group this week was dominated by debate over the clause in regulations that allow RPs to be absent from the pharmacy for up to two hours a day, C+D understands.

The group's outcomes will go out to consultation in January, the Society confirmed. The RP regulations have already been laid before Parliament and come into effect in October 2009, but the steering group has been charged with producing guidelines on how they are to be used.

Almost 100 per cent of pharmacists believed only RPs themselves should make the decision to leave the pharmacy, Pharmacists' Defence Association director John Murphy told C+D. The PDA had received over 500 responses from pharmacists, 97 per cent of whom agreed with its belief that a record of RP absences should be kept, he added. **JR**

Call for cat M pack reform

A generics expert is hopeful multiple pack sizes will be removed from the April category M tariff.

There remained about 60 cases of different reimbursement levels for the same generic medicine in different pack sizes in January's tariff, said Bharat Shah, Sigma Pharmaceuticals managing director.

Pharmacy's "mission" must be to lobby the government to remove this anomaly, he said. This would prevent contractors from losing out by buying pack sizes that did not give maximum reimbursement and would make organising stock easier.

"It would standardise the business and I think the pharmacy will be at an advantage," Mr Shah said. He hoped the Department of Health would act in time for April's tariff.

A DH spokesperson said: "We are currently examining the products in category M and will be discussing potential changes with key stakeholders, including BGMA (British Generics Manufacturers Association) and PSNC soon." **JR**

EPS suffers fresh delays

Trials unlikely to begin until early 2009, says Connecting for Health

Zoe Smeaton

The Electronic Prescription Service (EPS) has hit yet more delays, with pilots for release 2 still waiting to start.

In July this year, Connecting for Health (CfH) said it hoped the first pharmacies would be piloting release 2 in the autumn.

But now the agency has said it does not expect these trials to begin until early next year.

Contractors involved in testing the early phases of the service have expressed frustration at the latest delays.

A CfH spokesperson said work was ongoing with PCTs to finalise plans for initial implementation of EPS release 2. They added: "Based on current system supplier plans, it is anticipated that the first sites will go live early in 2009."

Simon Driver, managing director of Cegedim Rx, which is the only system supplier testing EPS 2 with CfH, said the company was unlikely to complete testing by Christmas but that he would "safely bet" on January.

In order to fully test the technology, a GP system must also be compliant. Mr Driver said he understood a GP system should reach this stage "shortly".

Other suppliers urged caution though, with one suggesting pilots would only begin some time in the first quarter of 2009 and another predicting the middle of the year.

Contractor David Croucher, of Niton Pharmacy on the Isle of Wight, said he was "champing at the bit" to get going with EPS 2.

But Coll Michaels, chairman of the NPA Board's working group on IT, said rather than speed, the main concern of the project was that EPS was effective and benefitted patients and pharmacists.

Replacement smartcard woes

Making pharmacists use a new smartcard system for release 2 of the Electronic Prescription Service (EPS) will put yet more administrative pressure on contractors, industry experts have warned.

The release 1 card system will not be compliant with NHS security arrangements in the advanced stages of EPS. PCT Registration Authorities will be responsible for issuing the new cards.

Changing cards for all pharmacists would be a "challenge" for PCTs to manage, Martin Jones, commercial manager at system supplier Positive Solutions, warned.

He said: "It's going to require a careful handling job and there's plenty of potential for things to go wrong."

Others in the industry called the move yet "more bureaucracy" and "another headache" for pharmacists.

PSNC said it was "working to ensure that all costs and other resource implications are identified and assessed". **ZS**

PCTs not up to policing EPS nominations

Plans to let PCTs ensure patients are not unfairly influenced when choosing which pharmacy to receive their electronic prescriptions from have sparked anger among the profession.

Contractors and industry insiders said PCTs were not likely to be able to police the process effectively, which could leave it open to abuse.

When EPS release 2 goes live, patients will be able to nominate a pharmacy from which to pick up their prescriptions. This has sparked fears that some pharmacies could use aggressive marketing strategies to attract patients, or that prescribers, who may deal with the majority of nominations, could direct patients to certain premises.

NHS regulations stipulate that prescribers must not seek to persuade patients to nominate particular dispensing sites. And Primary Medical Services Directions, which were given by the secretary of state for health and published this month, now place an obligation on PCTs "to proactively monitor the service".

But Beta Buying Group head Shafique Govani said as PCTs did not seem to be monitoring areas such as 100-hour pharmacies, he was not confident they would monitor this accurately either.

He said: "How are they going to do this... when they have even less time and funding? PCTs just don't have the ability to do it."

And Mark Johnson, head of customer IT at UniChem, said there was a risk people would exploit the system. "Where is pharmacy nominations on the PCT list of priorities?" he asked.

A spokesperson for Southwark PCT said pharmacists had played a "leading role" in developing nomination processes, protocols and guidelines. They said anyone with concerns could "pick up the phone and talk to us". **ZS**

News in brief

UDG cuts Phoenix supply

UDG, a pre-wholesaling firm that distributes pharmaceuticals and OTC drugs on behalf of manufacturers, has suspended supply to wholesaler Phoenix. UDG and Phoenix are in talks with PSNC to resolve the situation, the contract negotiator said.

Online POM service

Independent pharmacies will be able to fulfil remote private prescriptions on certain POM products in a scheme unveiled by UniChem. The wholesaler has entered into an agreement with online prescriber DrThom to develop services in selected therapeutic areas.
www.chemistanddruggist.co.uk

PCT budget boost

PCT funding will rise to £164 billion over the next two years, the government has revealed. Health secretary Alan Johnson said consecutive annual hikes of 5.5 per cent would give commissioners an average spend of £1,612 per person by 2010-11.
www.chemistanddruggist.co.uk

Relationship breakdown

A breakdown in relations between big pharma and wholesalers may have contributed to the move to manufacturer-led supply deals, Phoenix chief executive Paul Smith has said.
www.chemistanddruggist.co.uk

Health & beauty decline

The health and beauty sales decline continued last month, the British Retail Consortium has said. The year-on-year fall for November was only slightly better than for October, which was the worst drop in at least eight years. Shoppers traded down on core toiletries and healthcare but nailcare remained popular.

News in brief

NI generics tendering

A third generics firm has quit Northern Ireland's generic tendering process. Genus Pharmaceuticals followed Teva and Actavis in walking away from the centralised drug purchasing programme last week.
www.chemistanddruggist.co.uk

Let's talk about sex

Advice on how to avoid sexually inappropriate situations with patients has been released by the RPSGB. Priya Sejpal, head of professional ethics, said: "As pharmacists undertake a greater clinical role it is of utmost importance appropriate sexual boundaries are maintained."
www.rpsgb.org

AAH adjusts discount

AAH has announced a discount rate of 6 per cent will be applied to qualifying Janssen-Cilag products from January 2, 2009. The move reflects changed commercial terms between AAH and Janssen-Cilag. AAH is one of three wholesalers appointed to distribute the drugs firm's products.

NCSO announced

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for the following items for December prescriptions:

- Cimetidine 400mg tablets
- Hydroxyzine 25mg tablets
- Ketoprofen 100mg capsules
- Domperidone 5mg/5ml oral suspension sugar free.

PBC warning

A GP survey has sparked fresh warnings from industry leaders that pharmacists must boost their engagement with practice-based commissioning (PBC). A Department of Health survey found that the majority of GPs (62 per cent) back PBC, and almost all are engaged with the process.
www.chemistanddruggist.co.uk

Chronic conditions boost

Pharmacists in Wales look set to play a crucial role in managing chronic conditions. Cath Savage, the RPSGB's director for Wales, said initiatives to help patients with chronic conditions had led to "lots of innovative programmes for pharmacy".

Delays to resubmitted prescription payments

Hold-ups due to extra checking procedures, says Prescription Pricing Division

Jennifer Richardson

Payments for prescription items requiring resubmission to NHS paymasters are being delayed, C+D has learned.

A hold-up at the Prescription Pricing Division (PPD) means that contractors are receiving resubmission requests beyond the deadline for the following month's payment.

The delay was due to extra checks put in place to ensure that items were not sent back for clarification inappropriately, PPD head of pharmacy policy and services Paul Fieldhouse told C+D.

As a result, the proportion of items returned for resubmission had dropped from 1 per cent to less than 0.5 per cent, Mr Fieldhouse said.

PSNC head of information services Lindsay McClure and Mr Fieldhouse both highlighted that only the item requiring clarification


Lindsay McClure hoping delays are temporary

was now returned. Previously, the whole prescription form was sent back, delaying payment for all items on it. "This has significantly reduced the number of items where payment is delayed," Ms McClure said.

Items were returned for resubmission because contractors had failed to provide sufficient details, Mr Fieldhouse also pointed out. "If contractors can get the extra information to us we can make the payment in the first place," he said.

But contractor Tajinder Singh, of Totley Pharmacy, Sheffield, said the delay was unacceptable. "By being paid later it's obviously costing us money. Cashflow affects the business."

Contractors concerned about the delayed resubmission of particularly high value items should contact the PPD help desk, Mr Fieldhouse said. Both he and Ms McClure hoped the delays would be temporary, although no timescale was given.

"We are doing our best and we are aware of the impact that [delays] have on pharmacies," Mr Fieldhouse added.

Have your resubmissions been delayed?
jrichardson@cmpmedica.com

New body 'undemocratic' claim

Locums have voiced concerns about the 'undemocratic' leadership structure of the new professional body. The lack of direct election to the organisation's governing body, the assembly, would be "the very opposite of democracy", said contributors to online forum LocumVoice.

The professional body prospectus, published by the RPSGB last month, proposed that the assembly be nominated by elected national boards for England, Scotland and Wales, and a president chosen by the assembly.

This was "a total no-no" said one LocumVoice user. Another said he would be put off joining the voluntary body by this proposal.

"The assembly is intended to be a 'top light' structure to maximise efficiency," responded Society chief executive Jeremy Holmes. "It will be largely composed of members who have been democratically elected to the boards."

The Society would take all views into account, added director of policy and communications David Pruce. A consultation on the prospectus ends on January 9, 2009.

The LocumVoice debate was triggered by RPSGB Council member and locum Alison Moore, who "desperately" wanted to hear as many pharmacists' views on the prospectus as possible.

The organisation will take over leadership of the profession when the RPSGB is stripped of its regulatory role in 2010. **JR**

Dispensing GPs square up to Society

Dispensing doctors have disputed an RPSGB claim that dispensing is safer in pharmacies than in GP practices.

The Society's remarks, made in its response to the pharmacy white paper consultation that closed last month, were "unfounded" and "mischievous", the Dispensing Doctors' Association (DDA) said.

The Society's English Pharmacy Board (EPB) told the Department of Health: "A pharmacist will always provide a better and safer dispensing service than a dispensing [doctor's] practice."

The EPB's comments had been focused on patient safety and access, RPSGB director for England Howard Duff told C+D.

"Pharmacies are currently regulated and inspected to a greater degree than dispensing doctors," he said.

The disagreement comes just one month after the DDA and PSNC presented a "united front" on the white paper's proposals to prevent dispensing in practices too close to pharmacies. Mr Baker said: "The RPSGB has unfortunately been reluctant to embrace a spirit of professional co-operation." **JR**

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Dispensary TALK

Has the new professional body prospectus convinced you to join?

"I haven't really made my mind up yet. I've been too busy to actually go through the prospectus so far. So the answer is, at this point, I'm sitting on the fence." **David Astbury, The Claughton Pharmacy, Wirral**

"I don't think we have a choice. I will be joining. In the 30 years I've been on the register I've never seen the Society work so hard to show what they do for us. I just hope they keep it up after the new body has been formed." **Laurence Sprey, Ashtons Pharmacy, Brighton**

WEB VERDICT:

Yes: 52%

No: 48%

Armchair view: It's a close run thing, but it seems that the prospectus has finally generated some approval for the Society's transformation into a new professional body. Was this the commitment to transparency, representation and consultation with the rank and file members or just because people liked the glossy photos? **Next week's question:** Should the Pill be available as a P medicine? Vote at www.chemistanddruggist.co.uk

Opening rules unfair but Assura appeal fails

Control of entry test sustains monopolies, says judge

A top judge has hit out at monopolistic rules governing the opening of new pharmacies.

The criticism came as Assura Pharmacy failed in its legal battle to overturn rejected pharmacy applications in two towns.

Lord Justice Sedley said NHS bosses had followed regulations and were right to refuse the openings. However, the test applied to pharmacy applications acted as a "deliberate hurdle" against effective competition, he warned.

Lord Justice Sedley said: "I think Assura, and any other commercial pharmacist in its position, is entitled to feel frustrated by a system of statutory regulation which purports to prioritise choice and competition but in practice sustains monopolies."

Under existing rules, applicants have to demonstrate to NHS authorities that a new pharmacy is necessary or desirable. However, this lent a competitive advantage to long-standing businesses, Lord Justice Sedley warned. "The result is the chemist who gets there first is shielded not only from unnecessary or undesirable competition in dispensing but from commercial competition in relation to a significant proportion of its turnover," he said.

Assura is entitled to feel frustrated by the process, said Lord Justice Sedley

Assura appealed against rejected pharmacy contract applications in Todmorden, Yorkshire, and Freckleton, Lancashire. The case centred on whether there was sufficient access to pharmacy services in both areas.

All three Appeals Court judges agreed the National Health Litigation Authority had followed existing regulations and was right to refuse the openings. The ruling reversed a previous High Court decision to allow one pharmacy to go ahead. **UKL/Strand News**

Don Touhig MP (Islwyn, Labour) cuts the ribbon on Mayberry Pharmacy's refurbished flagship store in the latest Building Bridges visit. The south east Wales chain's branch on Blackwood High Street now has a consultation room, and a dispensary three times its previous size. The pharmacy is working on service developments including respiratory advice and mental health support services. "[The refurbishment] has now placed us in a position to provide a better and more professional service to our patients, and enabled us to be ready for the future changes for pharmacy," said Mayberry Pharmacy managing director Paul Mayberry (pictured left with, from left to right: Don Touhig MP, local councillor Judith Pritchard and pharmacy manager Huw Harries). C+D's Building Bridges campaign aims to boost pharmacy's political profile. Sign up at www.chemistanddruggist.co.uk/buildingbridges

Phoenix chief refutes bankruptcy rumours

UK wholesaler Phoenix has this week sought to distance itself from rumours of financial difficulties.

It was "not Phoenix's normal practice to respond to rumour", said chief executive Paul Smith. "However, I seek to assure all of our partners, customers and employees that recent rumours of the insolvency of the UK business are completely unfounded and untrue."

The comments follow a report by the Financial Times that the German owner of the pan-European Phoenix group was poised to hand over control of large parts of the empire to banks, paving the way for sales of some of its businesses.

But Mr Smith said this news did "not relate directly" to the UK's third-largest wholesaler. "The Phoenix business in the UK is an exceptionally strong and profitable business," he said. **JR**

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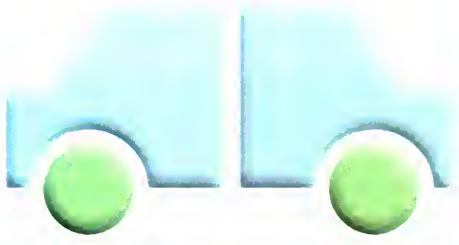

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Is there still a future for the P category?

As industry leaders gather to mark the 25th anniversary of POM to P switches, **Kathy Oxtoby** asks if the category can survive recent struggles

It should have been a golden anniversary. Last week drugs firms, the MHRA, PAGB, pharmacists and doctors gathered in London to mark 25 years of POM to P switching. But recent bad publicity may just have taken the shine off the celebrations. Damning press reports accusing pharmacy of providing potentially dangerous advice, doubts as to whether the profession has made the most of the P category and the threat of pseudoephedrine/ephedrine reverting back to POM have raised concerns over the future of the P category.

Such fears are misjudged, says England's chief pharmacist Dr Keith Ridge. "Absolutely not," he replies when asked if the P medicines category might become redundant. He adds: "The P category is vital to help patients access the local advice they need."

Not everyone shares his confidence though. A mystery shopping investigation by consumer group Which? found a third of 101 pharmacies providing unsatisfactory guidance on medicines. The Daily Mail claimed to have subsequently discovered poor quality advice from pharmacies.

There is a danger these reports have put into question the professionalism of pharmacy, as well as damaging morale. David Pruce, director of policy and communication for the RPSGB, says this kind of press coverage has the potential to "knock the public's confidence in pharmacy". But he points out research shows "a high level of trust in the profession". Although this was carried out before recent adverse publicity.

However, the NPA sees the media coverage in a positive light. The fact Which? and the Daily Mail have mounted mystery shops on pharmacies shows the rising expectation of pharmacists as advice givers, says Michelle Styles, head of information for the NPA.

But putting recent press coverage aside, there also seems to be doubt over whether pharmacy has really made the most of recent POM to P switches such as simvastatin (Zocor Heart-Pro).

Chris Howland-Harris, of Ashgrove Pharmacy, Bristol, says it is difficult for pharmacists to find the time to promote P products because of pressure to provide additional health services.

The concept of maximising revenue from P medicines also puts pharmacists in a professional dilemma, according to Mr Pruce. He says: "Pharmacy does get behind POM to P switches, but has a natural caution about simply recommending new products willy nilly."

Workload pressures may also have limited the take up by the profession, he reflects. The Society, he says, has "real concerns" about the many different tasks pharmacists are being asked to do by government, and will be looking into the issue.

Yet, despite these difficulties there have been success stories. Pharmacies have performed an average of five chlamydia tests a day since Clamelle became a P medicine, NPA statistics show.

Dr June Raine, the MHRA's director of vigilance and risk management, says the agency is satisfied pharmacy is making "real progress" in terms of boosting patient access to key drugs.

Despite the plaudits, a potential threat looms large on the horizon in the shape of pseudoephedrine and ephedrine products. In 2007 the MHRA attempted to reclassify all cold and flu remedies containing these ingredients as prescription drugs. ▶

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*AC Nielsen unit sales 2007/08 season

Predicted POM to P switches

Dr June Raine (right), the MHRA's director of vigilance and risk management, gives her POM to P switch predictions.

Orlistat: "We're enthusiastic about switches that meet public health challenges and orlistat fits that category. We've been supportive of its non-prescriptive availability across Europe."

Nitrofurantoin and trimethoprim: "We're looking at switches for both these antibiotics for cystitis."

Tamsulosin hydrochloride: "An exciting new model to bring men into healthcare."

> "Some in the profession say it's time for a 'Super P' category, to help pharmacists concentrate on medicines that specifically require their input"

The move was motivated by reports that criminals were converting products into the class A drug crystal meth. The industry was incensed by what was considered a draconian step. Opponents united behind C+D's Stop the Switch campaign that demanded pharmacists be trusted to tackle the problem. The MHRA listened and shelved POM reclassification in favour of tougher controls over pharmacy sales of the drugs.

But the victory may only have been temporary. The MHRA is keeping a watchful eye on whether the profession has taken beefed-up sales measures on board. Dr Raine says the profession was responding to the new guidance. She did not confirm whether a POM switch remained a possibility, only that the MHRA "will take stock in July 2009".

Recent reports that pharmacy-bought pseudoephedrine packs have been found at several crystal meth laboratories are unlikely to help the case for retaining the remedies' P status.

Vandna Patel, pharmacist at Elmers Pharmacy at Beckenham, Kent, says: "A switch back to POM would be harsh on pharmacy and the public because these remedies are valuable for treating common colds and congestions."

Add to these recent difficulties Pfizer's decision to withdraw a bid to make Viagra available without a prescription (a decision GP commentator Dr Ian Banks described as "insulting to pharmacists" at last week's switching debate) and it might seem like confidence in the P category is waning.

The much larger general sales list (GSL) category also presents a possible threat for the future. The value of GSL medicines sales in Great Britain was more than double that of P drugs in 2007, reaching over £1,200 million, according to IRI retail figures. The sheer size of the GSL market could prove an irresistible lure for those in search of profit and mass take-up of products.

Numark's director of professional services Mimi Lau says such a move "could put patient safety at risk and this could limit products switched".

And the MHRA also reiterates its support of pharmacy medicines, Dr Raine insists: "This is not the end of the P category." She says the agency has "a clear commitment to keep the switch pipeline flowing".

Doctors also appear supportive of the P category. Basildon GP Dr Keith Hopcroft says that from a doctor's perspective the category is "thriving". He adds: "And I'm happy for the category to expand, provided there is capacity to cope with it and that it's done sensibly."

To ensure such an expansion, pharmacists want help setting up services to complement reclassified products. More training and support from drug manufacturers is also key. Some in the profession say it's time for a 'Super P' category within the P classification, to help pharmacists concentrate on medicines that specifically require their input.

So obituaries on the P category appear to be somewhat premature. If next year's switch predictions come true, pharmacists would have the chance to expand services in obesity and sexual health (see box above).

Challenges over guaranteeing the quality of medicines advice and safety of drug supply remain. But if pharmacists can meet that challenge then who's to say the industry won't be meeting to mark another P medicine anniversary in 25 years?

Which POM medicine would you most like to switch to P?
haveyoursay@cmpmedica.com

Me and my P medicines

Vandna Patel, Elmers Pharmacy, Beckenham

Value of P: "This category shows faith in our profession. If it wasn't there it would be the last nail in the coffin, considering the cutbacks with category M."

Frustrations: "The speed that P medicines go to GSL."

Switch predictions: "Trimethoprim, given that we see a lot of urinary tract infections, particularly among young girls who currently have to visit their doctor for treatment."

Chris Howland-Harris, Ashgrove Pharmacy, Bristol

Value of P: "They are profitable both in terms of sales and a draw for customers into the pharmacy."

Frustrations: "The tarnishing of the category and pharmacy in general by reports by the media."

Switch predictions: "Trimethoprim is one of the most requested drugs when people present in pharmacy with simple cystitis."

Yogin Patel, Baywood Chemists, London

Value of P: "P is profitable but the main issue for pharmacy is whether you're providing products that are value for money for people's health."

Frustrations: "Lack of support in terms of delivering and marketing P products.

Switch predictions: "The various contraceptive pills. Many women run out of pills, but are not able to get them when they need to and so may be risking an unwanted pregnancy."


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Party time comes early to Xrayser's pharmacy

From under an avalanche of prescriptions, I noticed that a handful of patients have decided to start playing Christmas games early. They're after the sort of fun that should only be had after all the presents are open and everyone's got a belly full of Christmas pud and I don't really want to play.

Here's a good one. 'Guess the drug name' by dear old Mrs Scatty: "The doctor put me on something beginning with 'F' and then put me on something beginning with 'C' and now I don't know what I'm on. What do you suggest?" Mrs S didn't find my dictionary suggestion amusing.

Or charades, by Miss O'Flaherty: "My head felt alright till I knelt down to say my prayers – like this." Her genuflecting in the middle of the shop did not help my diagnosis one bit and head butting the Scholl stand only made her headache worse.

I'm pretty good at Mr Troublemaker's version of 'Guess the OTC product' though – I've correctly guessed (I think) 'Perforation H', 'Gas Yvonne liquid' and 'Voltalong gel'. 'Hyper melons' had me stumped until he revealed he wanted something for dry eyes.

'True or false' is definitely the easiest game and this is Dippy Daisy's favourite. "My friend told me that if you take an antihistamine tablet before you go drinking you won't get a hangover." True or false? Or even easier still: "Taking medicines while you're pregnant means you're more likely to have a girl." That girl needs help.

The local nursing home has a penchant for 'hunt the tablet in the MDS tray' – my least favourite game. But it's still preferable to the much more tricky 'identify the tablet in the MDS tray that came from another pharmacy'.

> "Genuflecting in the middle of the shop did not help my diagnosis and head butting the Scholl stand only made her headache worse"

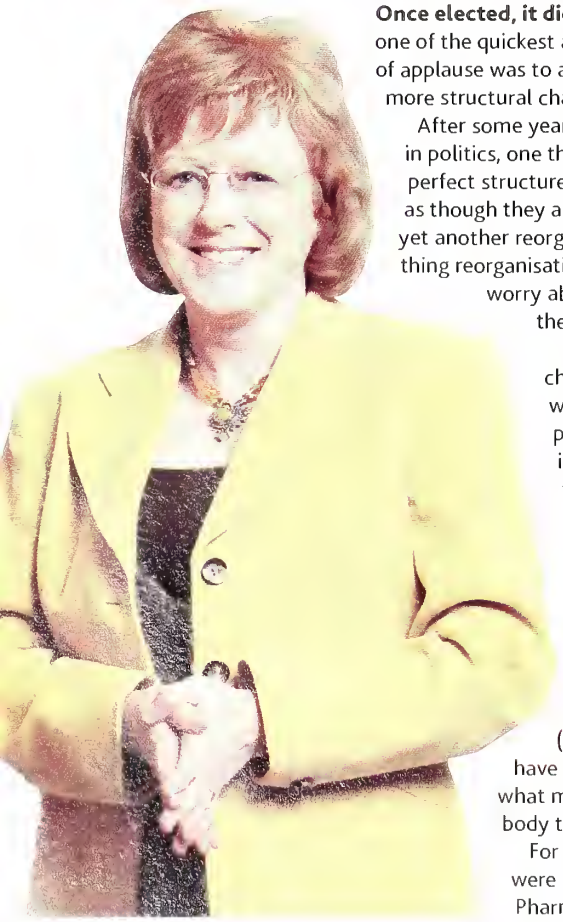
Even the surgery has been getting in on the act, with its 'Translate the foreign brand names' teaser. A patient who had been living abroad for several years dropped off some old medication packets expecting an immediate issue of prescriptions for the local equivalents. The surgery didn't want to play this game, so passed the ball to me. I passed it quickly to the NPA, which was very good at this one and deserves an extra piece of Christmas cake.

Perhaps the NPA welcomes distractions like this at Christmas, but I wish patients would save them until January. Or August. News that prescription volume is up by 5 per cent this year is no surprise, but it feels more like 50 per cent this month. Staff are dropping like flies with colds and flu, and patients are panicking that the surgery will be closed for two whole days, leaving me to concentrate solely on dispensing prescriptions as fast as is humanly possible.

Six o'clock on Christmas Eve can't come soon enough for me. I'm looking forward to my favourite Crimbo film – 'The Great Escape'.

Pharmacist in the House — Sandra Gidley

The pharmacy profession finally comes of age



Once elected, it didn't take me long to learn that one of the quickest and easiest ways to generate a round of applause was to affirm that: "There should be no more structural change in the NHS."

After some years in pharmacy and a lesser number in politics, one thing is crystal clear. There is no perfect structure, but it is easy for politicians to look as though they are doing something if they announce yet another reorganisation. We all know that the only thing reorganisation achieves is stasis while people worry about whether they will have a job in the new structure.

In pharmacy we are faced with change whether we like it or not, so when the prospectus for the new professional body arrived my immediate reaction was to nit pick at the detail. I then realised that this was akin to choosing the curtains before buying a house.

Ultimately, does it matter that much what status pharmaceutical scientists have, whether we have lay members or whether the main board will be elected or selected from the national boards (although I do feel strongly that they have got this bit wrong)? Ultimately, what matters is that we have a professional body that people buy in to.

For years pharmacists have felt they were not well represented by the Pharmaceutical Society. Actually, over the last year or so I have seen signs that there is a genuine desire to change and some people have been working very hard on public and political profile. For example, we recently had pharmacists delivering vascular checks in the House of Commons.

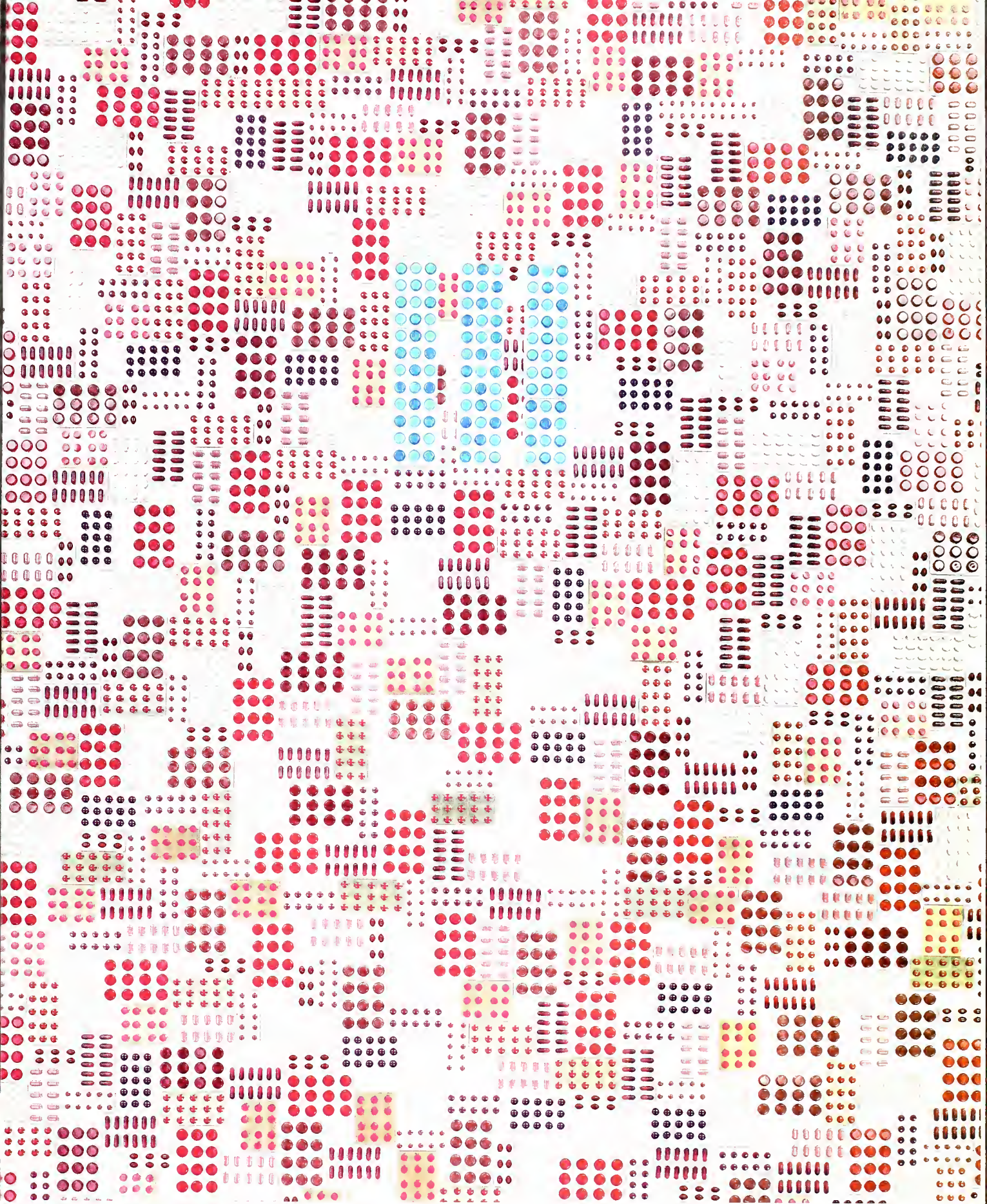
> "Ultimately, what matters is that we have a professional body that people buy in to"

So, what I am about to say may surprise regular readers. My suggestion is that everybody feeds their thoughts into the consultation but if they lose the argument they should put their doubts behind them. They should join the professional body and give it a chance. Forget tinkering with the structures and work with what we are given.

My New Year Resolution will be to do what I can to make the new professional body work so that it becomes the best possible advocate for pharmacy.

Our profession has finally come of age. Irrespective of sector, gender, geography or age, let's put aside our differences and work together to seize the greatest opportunity for pharmacists since the Society was created.

Sandra Gidley, Lib Dem MP and shadow health spokesperson



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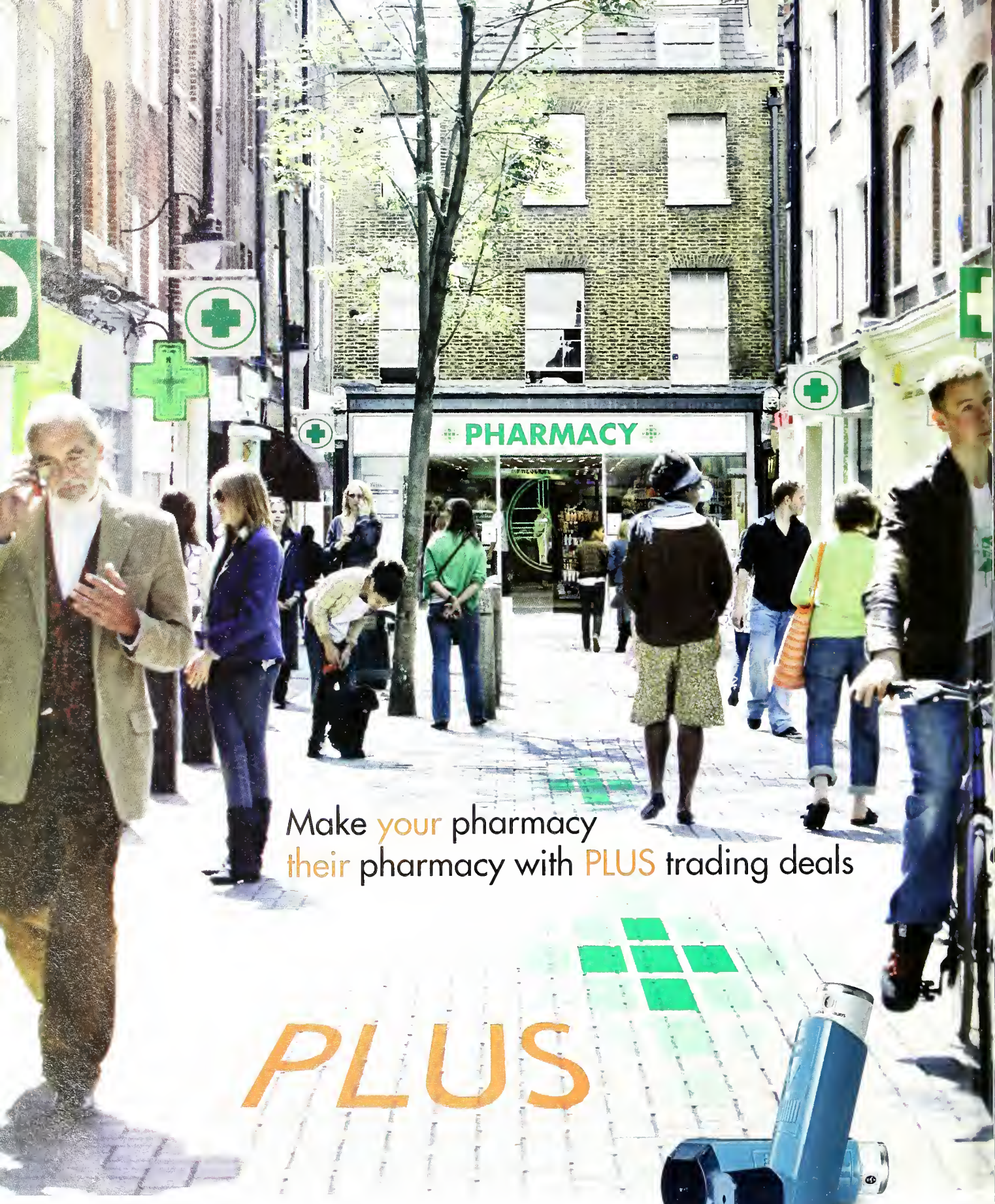

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An increasing duty of care

The third in a series on professionalism shows that much more is now expected of pharmacists

60-second summary

- **How has a pharmacist's duty of care become more onerous?**
Professional standards are constantly rising, eg keeping PMRs is now accepted as the norm, and pharmacists are being paid for increased responsibilities such as checking patients' anticoagulant records when dispensing warfarin.
- **How have standards of care extended?**
They now reach beyond pharmacy and into National Service Frameworks, Nice guidance and alerts from the National Patient Safety Agency, to name but a few. Even medical charities establish benchmarks for best practice.
- **What about the future?**
Claims to greater professionalism make pharmacists more vulnerable to scrutiny. The CPD concept of keeping up-to-date will become even more demanding and will be reflected in revalidation processes.

Reflect

What is meant by duty of care and how has it changed over time? Who sets out the standards and how should we interpret them? What is the significance of the Bolam test?

Plan

This article describes how professional standards are constantly being raised and changed. It highlights the difficulties of interpreting the guidelines issued and of making sure they are followed.

CPD This article can help in the following CPD competencies: **G1g, G1h, G1w, G5b, G5c, G5d, C1i, C6a**. See http://tinyurl.com/68ox7b

Joy Wingfield FRPharmS

Since April 1, 2008, community pharmacists in England and Wales (only) should, before dispensing repeat prescriptions for anticoagulants, review the patient-held record and confirm with the patient the date of the last clinic appointment, the INR test results and the current dose.

This advice is authoritative, coming as it does from the National Patient Safety Agency (NPSA), and was endorsed by the Royal Pharmaceutical Society. Following justified protests about the cost of carrying out such checks, the 2008-09 funding agreement includes an uplift to recognise the extra time needed to implement this alert. The sum of money includes compliance with several other alerts from the NPSA as shown in Panel 1 on the next page.

Closer examination of the NPSA website shows several different classes of alerts, some with deadlines and some not, prompting questions as to which has the highest status, which are more or less mandatory and which are "merely" desirable. One could also ask whether the same compliance is expected in

In April 2008, community pharmacists were told to ensure patients receive enough information to adhere to their treatments correctly

PANEL 1: ALERTS FROM THE NATIONAL PATIENT SAFETY AGENCY

Name	Description	Examples
Rapid Response Reports	Advice on patient safety issues that need immediate local attention	Reducing dosage errors with opioids (4/7/08) Fire hazards with paraffin-based skin products on dressings and clothing (26/11/07)
Patient Safety Alerts	Advice on patient safety issues that are important and have a specific timeline for implementation	Actions that can make anticoagulant therapy safer – in five parts including dispensing (28/3/07 implemented by 1/4/08)
Safer Practice Notices	Guidance on patient safety issues that contribute to improving patient safety	Ensuring safer practice with high dose ampoules of diamorphine and morphine (includes supply) (25/5/06)
Patient Safety Guidance	Includes advice and information	Safety in doses: medication safety incidents in the NHS (includes practical actions to minimise risks) (June 2006)

Source: NPSA website: alerts, directives, tools and guidance – www.npsa.nhs.uk/nrls/alerts-and-directives (accessed October 2008)

Scotland. Certainly, the provision of specific funding may imply not just a professional obligation but a contractual agreement to carry out these checks, every time, for every relevant patient.

In essence therefore, compliance with NPSA alerts appears to have been incorporated into the duty of care expected from community pharmacists when dispensing prescriptions for anticoagulants and certain other areas of practice.

Changes over time

A duty of care is a bit like the British Constitution; more understood than written down. For pharmacists, their duty of care comprises a set of expectations such as "make the care of patients your first concern" or "deliver pharmaceutical care", supplemented by codes of practice, standards and guidelines and delineated by case law and precedents. Moreover, their duty of care is constantly being adjusted, invariably upwards, so that the duty grows and becomes more onerous.

A brief look backwards at what used to be expected (or rather was not expected) of community pharmacists illustrates this point.

Do you remember the introduction of warning messages on the labels of dispensed medicines? It was around the mid-1970s and I remember vividly being asked, as an inspector for the Pharmaceutical Society, by an indignant community pharmacist: what right had the local branch of Boots to make this change and what was I going to do to stop them? The norm for the duty of care in the community pharmacy sector at that time was simply to reproduce the prescriber's instructions and no more.

Or consider the maintenance of patient medication records (PMRs). Do they have to be on a computer? Do you recall when this advance in practice became the norm, moving from leading edge practice into standard practice? More importantly, at what point does failure to adopt a professional norm, such as the maintenance of PMRs, become a failure to carry out your professional duty of care?

To determine whether a duty of care has been breached, the courts and our professional tribunal, the Disciplinary Committee, must establish exactly what standard of care should have been expected in any given situation. Certainly, in the case of Cathy Horton, whose doctor prescribed an overdose and the pharmacy assumed the dose had increased since the previous dispensing so perpetuated the error, the presence of PMRs was taken for granted (see C+D, June 14, 2008, p16). If they had not existed that might also have attracted criticism.

Where do we find standards of care?

We have seen in two previous articles (C+D, June 14 and September 13) that the standard of care may be contained in the judgements of a civil court or from the Disciplinary Committee of the Society; these are effectively determined after the event.

To anticipate the expected standard of care, we might start with the Code of Ethics and its supporting information. Panel 2 – Extracts from the code of ethics and supporting standards and guidance – at www.chemistanddruggist.co.uk/update shows how the Code has quite an explicit standard for the addition of warning labels but is much less specific when it comes to PMRs; there is no requirement to keep PMRs on a computer, even though almost all pharmacies do so.

Moreover, the phrases "timely, accurate, adequate" and "relevant" are all subjective and open to different interpretation. In fact, the Code of Ethics and its standards are full of words such as "appropriate" and "reasonable", or phrases like "clinically assessed," "sufficient information" or "safe and effective use", which have no absolute meaning, being wholly dependent on the context of the situation to which they are applied.

The advent of standard operating procedures for most professional activities provides a standard for a particular pharmacy, but there remain questions of interpretation as to what specific requirements actually mean in a variety of circumstances and whether they are applicable in all pharmacies.

Standards do not need to originate in pharmacy. The health service now abounds in standards of care set out in, say, National Service Frameworks, Nice guidance or Standards for Better Health used by the Healthcare Commission; "official" bodies of all kinds such as the National Prescribing Centre or the National Patient Safety Agency issue guidance on what good practice should include; charities like the British Thoracic Association or the British Heart

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Foundation fund research and professional education to establish benchmarks for best practice in their fields.

Individual community pharmacists, perhaps with special interests in substance abuse or diabetes management, are expected to be aware when treatments are superseded or new evidence emerges to support better practice in their field. The volume and breadth of good practice guidance is immense and it is not always easy for generalist community pharmacists to discern the distinction between minimum and aspirational standards.

The Bolam Test and the role of the expert witness

Having identified a possible standard or benchmark we must then ask to what extent is the standard commonly adopted? Whether or not there has been a failure to meet the standard will depend on the extent to which it is ordinarily prevalent within that area of practice at that time – the so-called Bolam Test.

Mr Bolam was a patient who sued for compensation in a medical negligence case in 1957. The judge ruled that "a doctor is not negligent if he acts in accordance with a practice accepted at the time as proper by a responsible body of medical opinion". With a few adaptations this is still the standard applied to compensation cases involving health professionals.

The "body of medical opinion" is exemplified by the expert witness or witnesses, drawn from the relevant field of practice. An expert witness might be asked to give an interpretation of what, say, "appropriate" or "adequate" may mean in a given situation or what authority should be attached to a given piece of advice. Most experts are expected to be eminent and well acquainted with the norms of good

Implications of 're-professionalisation'

Sharing and implementing best practice strengthens the professionalism of community pharmacists. It is something to be welcomed but thought needs to be given to the mechanics of integrating additions to an already heavy burden of clinical assessment and supervision of accuracy in dispensing. Also in April 2008, community pharmacists were exhorted to "ensure that patients receive enough information to adhere to and manage their medicines correctly". In this instance, the writer did not underestimate the difficulty of achieving this every time for every patient and the Code of Ethics (see again Panel 2 online) is unspecific about what this actually means.

When a similar goal was put into legislation in the USA, there was still wide variation in the expectations of patients and the civil courts, even 10 years after the new was made. In fact, few cases involving pharmacists come to the attention of the civil courts although the Society's annual report on Fitness to Practise makes it clear the highest proportion of cases it hears concern community pharmacists. Of these, the highest proportion of allegations concern "failing to adhere to professional and legal standards of practice". Moreover, "behaviours and concerns regarding professionalism to customers and colleagues" is the next largest group of complaints considered by the Investigating Committee, although most did not proceed to an inquiry.

So the stakes are rising for community pharmacists; claims to greater professionalism heighten their vulnerability to complaint and scrutiny (as in the recent *Which?* survey). The CPD concept of "being up to date" will become more demanding and will be reflected in future revalidation processes for both generalist and specialist community pharmacists. However, community pharmacy practice should also be enriched from the challenge of meeting these expectations and, who knows, the material rewards may also follow.

Jay Wingfield FRPharmS, MPhil, LLM, is a special professor of pharmacy law and ethics at Nottingham University, and founder of the Pharmacy Law and Ethics Association.

Your Continuing Professional Development

CPD

Act

- If you have not already done so, read the author's guidance on Professionalism and duty of care, June 4, 2008 and
- Read more about the alerts from the National Patient Safety Agency (www.npsa.nhs.uk/nrls/alerts-and-directives)
(www.chemistanddruggist.co.uk/update) and
- Revise your knowledge of the relevant sections of
patients your first concern,' p100 and 'professional
supply of medicines,' p113 of the Medicines, Ethics
- Look at the web sites of some of the organisations
professionals such as the National Service Framework http://tinyurl.com/6kwgou
Healthcare Commission (www.healthcarecommission.org.uk/homepage.cfm
is the National Prescribing Centre site, which has
medical and health related news (www.npc.co.uk/ecab/ecab.htm

Evaluate

- Can you confidently say you keep up to date with
pharmacist's duty of care? Are you aware of
interpret them?

Next week: gout

The causes, signs and symptoms, and management of gout, including advice you can give about reducing the risk of an acute attack

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Clinical Briefs

Liver injury causes ranked

Among drug classes, antibiotics are the biggest cause of liver injury, according to a USA study. Drug induced liver injury is caused by a wide range of medications, and herbal and dietary supplements.
http://tinyurl.com/55m8b4

Benefitting leukaemia

Data from two studies suggest adding rituximab (MabThera) to chemotherapy in the common CLL form of leukaemia doubles patients' chances of complete remission, and slows disease progression by 10 months.
http://tinyurl.com/5zwh69

EC OKs combo for HCV

Combination treatment with peginterferon alfa-2a and ribavirin has received EC approval for re-treatment of hepatitis C in patients who have failed on an initial course of interferon alpha (pegylated or non-pegylated), alone or in combination with ribavirin.
http://tinyurl.com/5j3ndo

Poor adherence

Alcohol abuse measured by a brief screening questionnaire has been linked to medication non-adherence in a USA study. The study of 5,473 patients taking statins, 3,468 patients taking oral hypoglycaemics and 13,729 patients taking antihypertensives showed that non-adherence was significantly more common in the heaviest drinkers.
http://tinyurl.com/6rnmds

Lactose-free options

Lactose-free antidepressant formulations are listed in a table published by the National electronic Library for Medicines. The range includes 17 treatments in four classes of drugs.
http://tinyurl.com/5l6c74

Tacrolimus warning

Astellas Pharma has warned health professionals that although both Prograf and Advagraf contain the immunosuppressant tacrolimus, they are not equivalent. Medication errors have resulted in serious adverse reactions, including acute rejection of transplanted organs and toxic effects due to overexposure.
http://tinyurl.com/5kbn6e

Long-term thiazolidinediones double fractures in women

Women who use thiazolidinediones long-term may double their risk of fractures, study results published in the Canadian Medical Association Journal have suggested.

The researchers said a similar rise in fractures was not seen in men taking the treatment, though. "Women with type 2 diabetes are already at an increased risk of fractures – with a near doubling in the risk of hip fractures – so any additional risk from thiazolidinedione therapy could have a considerable impact on public health," said lead author Dr Yoon Loke, of the University of East Anglia.

"In the meantime, regulatory authorities and clinicians should reconsider recommending these drugs to women with type 2 diabetes," she added.

The latest figures show there are around four million users of these drugs in the USA, while in the UK there were around two million prescriptions for rosiglitazone and pioglitazone last year.
http://www.cmaj.ca

Antivirals may halt progress of Alzheimer's

Protein plaques found in Alzheimer's disease (AD) sufferers' brains may be partly caused by the herpes simplex virus, University of Manchester researchers claim.

Results from the group's investigation into the role of herpes simplex virus type 1 (HSV1) in AD has been published in the Journal of Pathology.

The team's studies showed that HSV1 DNA is located very specifically in amyloid plaques: 90 per cent of plaques in AD sufferers' brains contain HSV1 DNA, and most of the viral DNA is located within amyloid plaques.

Earlier experiments by the same team have shown that HSV1 infection of nerve-type cells induces deposition of the main component of amyloid plaques – beta amyloid.

The possible link between HSV1 and Alzheimer's brings treatment suggestions

Taken together, the research results are believed to point strongly to a connection between HSV and AD, and suggest that antiviral agents might be used to stop progression of the disease. In preliminary experiments the group has also shown that acyclovir reduces amyloid deposition.

Manchester University research leader Professor Ruth Itzhaki explains: "We suggest that HSV1 enters the brain in the elderly as their immune systems decline and then establishes a dormant infection from which it is repeatedly activated by events such as stress, immunosuppression, and various infections.

"The ensuing active HSV1 infection causes severe damage in brain cells, most of which die and then disintegrate, thereby releasing amyloid aggregates that develop into amyloid plaques after other components of dying cells are deposited on them."
http://tinyurl.com/5ar6bs

SMC accepts Xarelto, Relistor and Reyataz

The Scottish Medicines Consortium (SMC) has accepted treatments for preventing venous thromboembolism, and treating constipation in patients receiving palliative care, HIV in treatment-naïve individuals and patients with acute coronary syndromes.

Rivaroxaban (Xarelto) was approved for preventing VTE in adults undergoing elective hip or knee replacement surgery. It is given by mouth as a tablet, and there is no requirement for regular monitoring of its effects.

Studies have shown fewer patients given rivaroxaban develop VTE compared with those given alternative treatments.

The organisation recommended methylnaltrexone (Relistor) for opioid-induced constipation in patients receiving palliative care when their response to usual laxative therapy has been insufficient.

The treatment reverses the constipating effects of opioid analgesics without affecting the pain-killing effects, and offers an alternative to unpleasant and undignified procedures for clearing the bowel, such as enema and manual evacuation.

Atazanavir (Reyataz) was accepted for treatment of HIV-1 infection with other antiretroviral drugs in patients who have not received any previous antiretrovirals. It can be given as a single daily dose, which is particularly useful in HIV patients taking many medicines.

The SMC also accepted bivalirudin (Angiox) for urgent treatment of adult patients with acute coronary syndromes.

It should be administered with aspirin and clopidogrel, and was accepted because it offered an alternative treatment with a reduced risk of bleeding at an acceptable cost.

The SMC's assessors rejected Loramyc (miconazole muco-adhesive buccal tablets) for use in oropharyngeal candidiasis, saying that an oral gel product containing the same drug worked as well as the buccal tablets, and that the case presented did not offer good value for money.
www.scottishmedicines.org.uk

Double strength* Canesten 2% thrush cream for him can help prevent thrush re-infection for her

Women know they can find rapid relief and resolution from thrush using Canesten. But there's one more thing that you can do for them. Recommend double strength Canesten 2% thrush cream for their male partners. An effective way to help stop her thrush coming back.

Canesten®

Thrush Cream

Clotrimazole 2% w/w

Product Information for Canesten® Thrush Cream Presentation: 2% w/w **Indications:** Treatment of cardidal vulvitis. It should be used [illegible] It can also be used for treatment of the sexual partner's penis to prevent re-[illegible] **Dosage and Administration:** ***Adults (16 – 60 years):*** Apply to the vulva and surrounding area twice [illegible] should be continued until symptoms of the infection disappear. If after [illegible] symptoms do not improve within seven days the patient should consult [illegible] treatment of the sexual partner's penis it should be applied twice [illegible] ***Children:*** usage is not recommended for under 16s **Contra-indications:** Hypersensitivity [illegible] in the product. **Warnings and Precautions:** Medical advice [illegible] patient has experienced symptoms of candida vaginitis or [illegible] than two infections of candidal vaginitis in the last six months [illegible] with a sexually transmitted disease, pregnancy or suspected [illegible] Side-effects: [illegible] Use in pregnancy: [illegible] RRP: [illegible] MA Number: [illegible] MA Holder: [illegible] Legal Category: [illegible] Date of Preparation: [illegible]

BAYER

* Compared to Canesten® 1% Thrush Cream

Item code: CGY108 Date of preparation: November 2006

Canesten®

For more real-life scenarios see:
www.chemistanddruggist.co.uk/practicalapproach

A Practical Approach — Depression

Peter Harris, who has his prescriptions regularly dispensed at the Update Pharmacy, has asked at the medicines counter for St John's wort tablets and has been referred to pharmacist David Spencer.

David asks him why he wants them. "For depression, of course," Peter replies.

"What makes you think you're depressed?" David asks.

Mr Harris responds bitterly: "Oh, nothing much! I just feel that my life isn't worth living – that's all!

How would you feel? I lost my wife suddenly a couple of months ago, just when we were looking forward to a few years of happy retirement together. Now I can't be bothered with anything any more. I just wish that I could go to sleep and not wake up again."

"I'm really sorry," David responds. "Have you spoken to your GP about this?"

"No," Mr Harris replies curtly.

"Can I ask why not?"

"What's the point? He must get so many people going to him saying they're depressed, he might not even take me seriously. I thought I'd be self-reliant and look after myself. I've read that St John's wort is as effective as prescription antidepressants."

"OK," David replies. "Give me a minute to look up your medicines and I'll see what I can advise."

(Mr Harris's PMR details: age 72 years. Current medication: amlodipine 10mg, isosorbide mononitrate m/r 30mg, aspirin 75mg – all in the morning; simvastatin 40mg at night; GTN 400mcg spray prn.)

Questions

1. Is St John's wort as effective as prescription antidepressants, as Mr Harris claims?
2. Is depression common in the general population, as Mr Harris suggests? Is Mr Harris more likely to be depressed because of his medical condition?
3. Should David sell St John's wort to Mr Harris?

This article can help in the following CPD competencies: **G1a, G1c, G1d, G2o, C1a, C1f.** See http://tinyurl.com/68ox7b

Answers

1. A recent Cochrane review of 29 studies[1] found that overall, St. John's wort extracts were superior to placebo, similarly effective as standard antidepressants, and had fewer side effects than standard antidepressants.
2. The prevalence of major depression in primary care is between 5 and 10 per cent, and two to three times as many people have depressive symptoms but do not meet the criteria for major depression.[2] In patients with cardiac disease, prevalence is estimated at 17 to 27 per cent.[3]
3. There are no interactions with Mr Harris's prescribed medications and co-administration would appear to be safe. However, manufacturers of St John's wort preparations generally recommend that they are used with caution and only under a qualified medical practitioner's care by patients with heart disease. David should try to persuade Mr Harris to see his GP for a review with the possibility of starting antidepressant therapy.

The references are online at www.chemistanddruggist.co.uk/practical approach

Clinical Briefs

Diabetes inequality

An audit of 1,742 children and young people with diabetes has revealed significant differences between the effectiveness of treatment in richer and poorer groups. Those from the most deprived areas had blood glucose levels on average 0.5 per cent higher than those from more affluent areas. Reducing levels by 1 per cent reduces risk of diabetes-related deaths by 21 per cent, heart attacks by 14 per cent, and kidney disease and retinopathy by 37 per cent, said diabetes charity Diabetes UK. http://tinyurl.com/66t3bx

Professionals key

The NHS will fail to tackle the rising tide of obesity and tobacco related illnesses unless it adopts more sophisticated techniques, a King's Fund report has argued. Investigators examined the effectiveness of public health programmes and came to various conclusions, including providing frontline health professionals with incentives to be more proactive in promoting healthy habits to patients they see every day. http://tinyurl.com/5qavxf

Clinical Alerts – Sign up for C+D's free newsletter at www.chemistanddruggist.co.uk/register

MHRA Alerts

Zithromax suspension 200mg/5ml, Powder to prepare 15ml (600mg) suspension (azithromycin) A peel-off label is missing from two batches of Zithromax Supension 200mg/5ml, powder to prepare 15ml (600mg) suspension.

The instructions on the label and carton should give the following instructions for situations where administration by syringe is required: 'Detach sticker from bottle label and mark syringe to indicate the volume of medicine required'. The batches concerned are 814101 (expires July 2011) and 819903 (expires September 2011).

Pharmacists are asked to continue to mark the syringes using an appropriate alternative method, so that patients and carers are aware of the correct dosage. Stock with the correct labelling is expected to be available from March 2009. Pfizer, 01304 616161.

SPC Changes

Neurontin capsules and tablets (gabapentin) New warning regarding suicidal ideation and behaviour in patients treated with antiepileptic medication. Pfizer, 01304 616161.

CoAprovel 150/12.5mg, 300/12.5mg and 300/25mg tablets (hydrochlorothiazide, irbesartan) If photosensitivity reaction occurs treatment should be stopped; if readministration is needed, protect exposed skin areas. Sanofi Pharma Bristol-Myers Squibb SNC, 0800 731 1736, medical.information@bms.com or uk-medical information@sanofi-aventis.com

Detrusitol 1mg, 2mg film-coated tablets, Detrusitol XL 4mg (tolterodine) Update to section 4.8 to include additional side effects within the table and discuss impact on dementia. Pharmacia, 01304 616161.

Ovestin Cream (estriol) Storage information changed from room temperature to store below 25°C. Organon Laboratories, 01223 432756, medrequest@organon.co.uk

Manerix (moclobemide) Symptoms of the serotonin syndrome may occur if Manerix is co-administered with drugs that enhance serotonin. Roche, 0800 032 7298, roche@professional information.co.uk

Cancidas (caspofungin) Extensive changes to add information concerning paediatric patients. Merck Sharp & Dohme 01992 467 272.

Zocor 10mg, 20mg, 40mg and 80mg film-coated tablets (simvastatin) Niacin removed from warnings and interactions. Merck Sharp & Dohme 01992 467272.

Cafergot tablets, suppositories (ergotamine tartrate and caffeine) New information on undesirable effects. Alliance Pharmaceuticals 01249 466966, medinfo@alliancepharma.co.uk

http://emc.medicines.org.uk

New Products

ViePax tablets (venlafaxine) Generic version of the immediate release depression and anxiety treatment venlafaxine. The existing patent expired on December 8, says the generic manufacturer. Dexcel Pharma, 01748 828784, dpl@professional information.co.uk

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Glucosamine PDP 750mg Tablets	30	1	3.98	19.86	333-0073
Glucosamine PDP 500mg Tablets	90	1	4.89	24.86	333-0065
Glucosamine PDP 500mg Capsules	90	1	4.89	24.86	333-0032
Glucosamine/Chondroitin PDP Combi 500/400mg Tablets	30	1	6.75	24.86	333-0057

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* CLASSIFICATION: Food Supplement – NOT a Licensed Pharmaceutical

For the latest product news visit:
www.chemistanddruggist.co.uk/prodnews

Pain sent packing

A £1.5 million advertising budget is behind the ThermaCare range of therapeutic heat wraps, reports manufacturer Wyeth. The 'Take a holiday from back pain' campaign began on December 1.

TV advertising is ongoing until March, featuring a woman doing routine tasks such as shopping and gardening. She feels her back pain has gone on holiday while she wears her ThermaCare heat wrap. Print and pharmacy window advertising is also running.

The self-heating wraps claim to produce a consistent 40°C heat for up to eight hours. They can be used for relief from muscular and joint pain associated with muscle tension, overexertion, strains and arthritis, says Wyeth.

Product info:
Wyeth Consumer Healthcare
Tel: 01628 669011

For on TV this week see:
www.chemistanddruggist.co.uk/prodnews

Sweet dreams, no sweat

Estroven Nighttime has been launched, designed to help women cope with symptoms before, during and after the menopause. Joining the regular Estroven on shelf, the Nighttime variant can be used alone or alongside other menopause treatments, including HRT. One caplet should be taken nightly before bedtime.

Key ingredients in the new product are hops and magnesium for relaxation, calcium, date seed and vitamin B_6 to help reduce irritability and for relaxation, and isoflavones. Night time menopause symptoms such as night sweats can be problematic, disturbing sleep and having knock-on effects.

Supporting the launch, trade PR and advertising is running and the Pharmexx sales force is visiting pharmacies. Next year, a consumer print advertising campaign is planned as well as PR support. In-store promotions will run.

A website has been created where visitors can read about the menopause and pick up tips on coping with symptoms.

The Estroven careline, 0844 800 9348, is available to deal with product queries.

Price: £6.85/14
Pip code: 340-1569
Pharmexx
Tel: 01491 835423
www.estroven.co.uk

Wiping out washday bugs

Eradicil is a new medicated prewash for home laundry launching to consumers in January. Initially available through pharmacies, the product contains the antifungal 2-phenylphenol and antibacterial chloroxylenol.

Together the agents act to disinfect fabrics being washed, thereby helping prevent re-infection or cross-infection of other family members when there's a sufferer of, for example, athlete's foot, fungal nail infection, impetigo, ringworm or vaginal thrush in the household. By treating the laundry as well as using a topical skin treatment, the conditions can be more quickly and effectively cured, says distributor Vidant Pharma.

Supporting the launch is a media campaign including a discount voucher scheme to encourage trial, internet activity and targeted regional promotions.

FREE!
We have 12 bottles of Eradicil to give away to C+D readers. To enter, email your name and address to competitions@cmpmedica.com with 'Eradicil' as the subject by January 2

For pharmacies, Vidant is offering bulk purchase discounts, PoS literature, window display material and additional documentation.

Price: £9.95/200ml
Pip code: 343-8454
Vidant Pharma
Tel: 0844 335 0327
www.eradicil.info

Anti-ageing Ester C

Ester C is a new anti-ageing skincare range from Jason Natural Cosmetics. Comprising nine products – cleanser, toner, lotion, crème, hydrating masque, eye lift, skin toner balancer, serum and instant facial – Ester C harnesses the antioxidant properties of vitamin C, says Jason. Regular use is said to give softer, smoother, more radiant and youthful skin.

Price: from £9.95-£24.95
Kinetic Enterprises
Tel: 0845 0725 825

Product pages are compiled by Lesley Ribbens, marketing editor, lribbens@cmpmedica.com

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C+D AWARDS 09

The best industry event of the year is back and it promises to be even more glamorous and prestigious than before. Championing the very best of community pharmacy, the C+D Awards 2009 celebrates the people and companies who go above and beyond the call of duty when delivering pharmacy services.

Whether you are a newly qualified pharmacist or a pharmacy technician, an LPC chief executive or a pre-reg student, this is your chance to be in the spotlight. Tell us about your achievements and it could be you on the winner's podium.

Last year's event was a glittering occasion, as the winners received their trophies in front of a sell-out crowd at London's Grosvenor House Hotel and partied late into the night. This year there are 15 categories covering every aspect of community pharmacy – so make sure you don't miss the chance to be a C+D Award winner.

Trophies will be presented at an awards ceremony on Wednesday 17 June 2009 at London's Grosvenor House Hotel. Complete your entry now and don't miss the chance to be a winner at the C+D Awards 2009.

Good luck!

Gary Paragpuri, C+D Editor

The award categories

- Community Pharmacist of the Year
- Pre-registration Graduate Pharmacist of the Year
- New Pharmacist of the Year
- Pharmacy Manager of the Year
- Pharmacy Technician of the Year
- Pharmacy Assistant of the Year
- MUR Champion of the Year
- Clinical Service of the Year
- Retail Service of the Year
- Business Development of the Year
- Green Award
- Pharmacy Team of the Year
- Pharmacy Innovation of the Year
- Pharmacist Prescriber of the Year
- Pharmacy Business Leader of the Year

Full details of all the categories, an entry form and hints and tips can be found on the C+D website at **www.chemistanddruggist.co.uk/awards**

The judges

Carwen Wynne Howells, chief pharmaceutical adviser, Wales
Norman Morrow, chief pharmaceutical officer, Northern Ireland
Keith Ridge, chief pharmaceutical officer, England
Bill Scott, chief pharmaceutical officer, Scotland
Andy Murdock, director of pharmacy, Lloydspharmacy
Alan Nathan, pharmacy writer/consultant
Clive Jackson, chief executive, National Prescribing Centre
Rob Darracott, chief executive, CCA
John D'Arcy, interim managing director, Numark
Steve Dunn, business consultant
Rachel Marchant, senior learning & development manager, Boots
Nicola Brady, group training & development manager, Co-operative Pharmacy
Marilyn Jones, training manager, Weldricks
Paul Bennett, superintendent pharmacist, Alliance Boots
Nick Barber, professor of pharmacy practice, London School of Pharmacy
John Nuttall, managing director, Co-operative Pharmacy
Jonathan Mason, national clinical director for community pharmacy, Department of Health
Fin McCaul, C+D Pharmacy Team of the Year 2008 Winner
David Smith, C+D MUR Champion of the Year 2008 Winner
Aniket Parikh, C+D New Pharmacist of the Year 2008 Winner
Nichola James, C+D Pharmacy Manager of the Year 2008 Winner
Pamela MacPherson, C+D Pharmacy Technician of the Year 2008 Winner
Amanda Wells, C+D Pharmacy Assistant of the Year 2008 Winner
Ravi Patel, C+D Pre-registration Graduate of the Year 2008 Winner
Stephen Foster, C+D Clinical Service of the Year 2008 Winner
Paul Howie & Dave Roberts, C+D Business Development of the Year 2008 Winner
Duncan Murray, C+D Retail Service of the Year 2008 Winner
David Croucher, C+D Green Award 2008 Winner
Valerie Sillito, C+D Community Pharmacist of the Year 2008 Winner

How to enter

- Full category details plus hints and tips for entry can be found on our website at **www.chemistanddruggist.co.uk/awards**
- Choose which category you wish to enter. There is no limit to the number of categories you can enter. The same entry cannot be used in more than one category. A separate entry form must be completed for each category entered. Current C+D Award winners cannot re-enter the category they won in 2008 but are free to enter any other category in 2009.
- Entries must be submitted using either the awards entry form below, or alternatively, by completing the simple online entry process at www.chemistanddruggist.co.uk/awards.
- Your submission must not exceed 500 words. You must describe what you have done and why you deserve to win. The judges will look to see how you meet the criteria for each category. Full entry details can be found at C+D's website. You should include supporting material (clearly labelled) such as testimonials, financial results, research, performance metrics, photographs, service protocols, press clippings, marketing material etc. These should be provided to enhance your chances of winning. Remember, the more detail you provide, the easier it will be for the judges to make an informed decision. Please note that supporting material does not count towards the 500 word limit. Please submit five copies of your entry form and all support material.
- Note that entries without appropriate supporting evidence such as applicable financial information will not be shortlisted, as such information forms an essential part of the judging process.
- All entries will be treated in the strictest confidence and will only be used for the purpose of the judging process. Judges sign a confidentiality agreement and sensitive entry information is not published. We are unable to return any supporting material provided; so you may wish to send copies rather than the original documentation. Work referred to in awards entries should have taken place between 1 January 2008 and 31 December 2008. Preparatory work could have taken place earlier than 1 January but only results achieved in 2008 will be taken into account
- The judges will independently mark entries against the award criteria set out in each category – so make sure you provide all the information requested. The judges' scores will be collated to find the winner. C+D will notify those who have made it to the shortlist and publish details in the magazine. All shortlisted entrants will be invited as C+D's guests to the awards ceremony on Wednesday 17 June 2009 at the Grosvenor House Hotel in London, where the winners will be revealed and presented with their trophies. The winners will also be featured in C+D following the awards evening.

Entry form

Please complete all fields and send this form or a copy with your entry submission to: Katherine Mannix, C+D Awards 2009, Ludgate House, 245 Blackfriars Road, London SE1 9UY by **Friday 6 March 2009**

You can also enter online at www.chemistanddruggist.co.uk/awards

Category entered

Your full name

Job title

Name of pharmacy

Address

Postcode

Daytime telephone no

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Come on over, Valerie

Valerie Sillito reveals to Jennifer Richardson the secrets of her success in being crowned Community Pharmacist of the Year at the C+D Awards 2008

CD08 AWARD WINNER

Valerie Sillito was "quite taken aback" to be named Community Pharmacist of the Year at the inaugural C+D Awards in June.

But she's not being overly modest. It's just that she doesn't quite understand why more pharmacists haven't done something similar.

Some three years ago, Boots consultant pharmacist Ms Sillito set up what has gone on to be a hugely successful supplementary prescribing and spirometry clinic for patients with chronic obstructive pulmonary disease (COPD) in Aberdeen. That clinic has now been extended to include asthma patients, and has spawned two others – the three clinics have a total of about 200 patients – as well as work with a local homelessness unit.

The three general practices to which the clinics are linked have credited Ms Sillito, now an independent prescriber, with improving patients' health, reducing doctors' and nurses' workloads, and boosting their QOF attainment for COPD and asthma by as much as 50 per cent.

But Ms Sillito says: "I really do feel that anybody could do what I have done. Anybody, anywhere." Not that it's been easy – you do have to be prepared to put time and effort in to develop your role, Ms Sillito stresses, even if that means working on your usual day off.

The married mother of two worries that this sounds "martyr-like" but, she says: "It's not, because it's opening up a whole new area for you and it's a sense of fulfilment. And if you don't have that interest in your profession then the question might be, why are you doing it?"

This is not a problem for Ms Sillito. A keen skier and sailor, she describes pharmacy as another of her interests, rather than simply a job. "I have other interests but pharmacy is definitely one of the ones I concentrate on," she says.

It simply comes down to putting as much into, and getting as much out of, your chosen profession as possible, she explains. "You've got to keep going. You've got to do your continuing professional development... It's not a question of resting on your laurels."

The key to expanding your role, she says, is to target the needs of local patients and the rest of the healthcare team. "Why would you stock a range of cosmetics that nobody's interested in? It's exactly the same." Also crucial to success is building relationships with other healthcare professionals. "It's networking, it's contacts, it's all that sort of thing and you've got to work at that. You've got to know the local doctors and if you don't, you have to make the effort to get to know them."

Ms Sillito applied both of these rules when she launched her bid to become a supplementary prescriber. Liaising with a local surgery, she discovered they were failing to achieve maximum QOF points for COPD and asthma care, due to their lack of capacity to carry out spirometry testing – and she set out to fill the service gap.

Boots group pharmacy manager Mickey Forsyth credits Ms Sillito's efforts in local relationship-building with benefitting other areas of her branch's work, such as care home services. And her encouragement has led to two other pharmacists taking up independent prescribing training, he adds.

It seems Ms Sillito's clinic patients are equally impressed with her work. Sheena Strachan told C+D what a difference Ms Sillito's "patience and good humour" had made to the treatment of her condition. "I think you would go far to get a better person at the job she does," Mrs Strachan said.

Ms Sillito is amazed by the boost the C+D Award has given her profile further afield. Area health board NHS Grampian even celebrated her success in its newsletter. "Everywhere I go now, if I'm meeting up with other health people, they all know who I am," Ms Sillito says.

And Ms Sillito definitely does not intend for the C+D Awards to have seen the back of her yet. "Watch this space!" she says. "We'll certainly be putting in a team effort next year."

Valerie Sillito file

Name: Valerie Sillito

Pharmacies: Since registering in 1978, Ms Sillito has spent most of her career with Boots, and is now a consultant pharmacist in the multiple's George Street branch in Aberdeen

Award won: C+D Community Pharmacist of the Year 2008

Award entry: Ms Sillito set up supplementary prescribing and spirometry clinics for patients with chronic obstructive pulmonary disease. She has since qualified as an independent prescriber and extended her clinics to include asthma patients. She has recently set up a separate hypertension clinic

Abbreviated Prescribing Information for Xamiol® 50 microgram/g + 0.5 mg/g gel
Indications: Topical treatment of scalp psoriasis. **Active ingredients:** 50 µg/g calcipotriol (as monohydrate) and 0.5 mg/g betamethasone (as dipropionate). **Dosage and Administration:** Apply to affected areas of scalp once daily. Recommended treatment period is 4 weeks. After this period repeated treatment can be initiated under medical supervision. Usually between 1g and 4g/day is sufficient for treatment. When using calcipotriol containing products the maximum dose should not exceed 15g/day and 100g/week. Treated area should not exceed 30% of body surface. Not recommended for use in people under 18 years. Shake bottle before use. The hair should not be washed immediately after application but should remain on the scalp during the night or day. **Contra-indications:** Hypersensitivity to any constituents. Patients with known calcium metabolism disorders. Viral skin lesions, fungal or bacterial skin infections, parasitic infections, skin manifestations in relation to tuberculosis or syphilis, perioral dermatitis, atrophic skin, striae atrophicae, fragility of skin veins, ichthyosis, acne vulgaris, acne rosacea, rosacea, ulcers and wounds. Guttate, erythrodermic, exfoliative or pustular psoriasis. Severe renal insufficiency or severe hepatic disorders. **Precautions and Warnings:** Avoid concurrent treatment with other steroids on the scalp. Adrenocortical suppression or impact on the metabolic control of diabetes mellitus may occur. Avoid application under occlusive dressings. Efficacy and safety on areas other than the scalp has not been established. Avoid application on large areas of damaged skin or on mucous membranes or skin folds. Skin of the face or genitals should be treated with weaker corticosteroids. Avoid inadvertent transfer to face, mouth and eyes. Wash hands after applying. There may be a risk of generalised pustular psoriasis. With long-term use there is an increased risk of undesirable local and systemic corticosteroid effects in which case treatment should be discontinued. There may be a risk of rebound when discontinuing treatment. No experience of concurrent use with other antipsoriatic products administered systemically or with phototherapy. Physicians are recommended to advise patients to limit or avoid excessive exposure to natural or artificial sunlight. Use with UV radiation only if the physician and patient consider that the potential benefits outweigh the potential risks. Contains butylated hydroxytoluene which may cause local skin reactions or irritation to the eyes and mucous membranes. **Use in Pregnancy and Lactation:** Only use in pregnancy when potential benefit justifies potential risks. Caution when prescribed for women who breast-feed. **Side Effects:** Pruritus. Additional undesirable effects observed for calcipotriol and betamethasone: Calcipotriol: application site reactions, skin irritation, burning and stinging sensation, dry skin, erythema, rash, dermatitis, eczema, psoriasis aggravated, photosensitivity and hypersensitivity reactions including very rare cases of angioedema and facial oedema. Hypercalcaemia or hypercalciuria may appear very rarely. Betamethasone: local reactions, especially during prolonged application including skin atrophy, telangiectasia, striae, folliculitis, hypertrichosis, perioral dermatitis, allergic contact dermatitis, depigmentation, increase of intra-ocular pressure, cataract, colloid milia, generalised pustular psoriasis, infections. Systemic effects occur more frequently when applied under occlusion, on skin folds, to large areas and long term treatment. **Legal Category:** POM. **Product Licence Number and Holder:** 05293/0006. LEO Pharmaceutical Products, Ballerup, Denmark. **Basic NHS Price:** £36.50/60g. **Last revised:** October 2008.

References:
1. Jemec GBE, Ganslandt C, Ortonne J-P, Poulin Y, Burden AD, *et al.* A new scalp formulation of Calcipotriene plus betamethasone compared with its active ingredients and the vehicle in the treatment of scalp psoriasis: a randomized, double-blind, controlled trial. J Am Acad Dermatol 2008;59:455-63.
2. Luger TA, Cambazard F, Larsen FG, Bourcier M Gupta G *et al.* A study of the safety and efficacy of calcipotriol and betamethasone dipropionate scalp formulation in the long-term management of scalp psoriasis. Dermatol 2008;217:321-328.
3. LEO Data on File MBL0503 acceptability data.
4. LEO Data on File MBL0503 QoL data.

L E O

Further information can be found in the Summary of Product Characteristics or from: LEO Pharma, Longwick Road, Princes Risborough, Buckinghamshire, HP27 9RR.
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e-mail: Xamiol.UKenquiries@leo-pharma.com

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Drug Safety at LEO Pharma by calling 01844 347333.

Date of preparation: November 2008. 2008/10030

Hats off to Xamiol®

Xamiol® is a new and exciting treatment for Scalp Psoriasis. It delivers fast and effective relief – with visible improvement in just two weeks.[1]

Xamiol® has been shown to be well tolerated in both short and long-term studies.[1, 2]

Add to this the convenience and cosmetic acceptability[3] of a once-daily innovative gel formulation and it's clear why Xamiol® makes such a positive difference to the lives of people with Scalp Psoriasis.[4]

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A helping hand

Pharmacists and their staff are increasingly taking on services that traditionally would have been left to the GP or practice nurse. **Emma Wilkinson** looks at two examples making a real difference to the community

In an attempt to halt rising rates of obesity, the government has announced a raft of initiatives from putting obesity in the GP contract to employing health trainers. Primary care is the focus for most of the schemes but one aspect which to date has been somewhat overlooked is the role of the pharmacist and their team.

In Portsmouth, a small pilot of weight loss management in eight pharmacies during the summer proved so successful the PCT went ahead in October with funding for the programme. Indeed, the technician involved won the C+D Technician of the Year award earlier this year.

Pam MacPherson, a technician at Rowlands Pharmacy, already has 49 people on the books and says the feedback from those who have signed up has been fantastic.

A look at lifestyle

What they offer in Portsmouth is not a diet – it is not Weight Watchers or Slimming World in the pharmacy – but a chance for people to take a look at their lifestyle with an expert and make small changes where they can.

The idea is that people should lose weight, but if they don't at least they will be eating a better diet with more fruit and vegetables and hopefully taking more exercise.

"People come in and we work out their BMI and measure their waist as well, then send them away to write a food diary for a week," Ms MacPherson explains.

"Then we sit down and explain we're not putting them on a diet, but it's about small changes – so for example if they have three bags of crisps a day, they could cut down to one or they could start eating breakfast."

People involved in the scheme also get a portion plate, which helps them see how much they should eat of the different food groups, and a pedometer to encourage them to be more active.

The pharmacist or other member of pharmacy staff trained in the role sees them once a fortnight for 12 weeks, at which point their food diary will hopefully look very different. They are seen once a month for a year.

"We're looking at losing one to two pounds a week, but more importantly they tell us they feel so much better," Ms MacPherson says.

Food is not the only aspect of the education the client will receive from the service – consultations also cover salt intake, alcohol, saturated fats, and reading and understanding labels on food packaging.

"You expect people to know what a carbohydrate is but they really don't know, which was a big surprise to me.

"The other thing that really shocks me is the number of young mothers who don't know how to cook something simple like spaghetti bolognese or curry from scratch – we have really lost these skills," she adds.

GPs are able to refer to the scheme and they have had a fair number of people sent after seeing the practice nurse. Posters advertising the service have also prompted people to sign up off their own backs and the only stipulation is they have to have a BMI of between 28 and 44 – any higher and they are referred back to the GP.

"We have a lot of men which surprised me," says Ms MacPherson. "They tell me they wouldn't go to something like Weight Watchers where they are in a room full of women, but feel more comfortable with this because it is one on one."

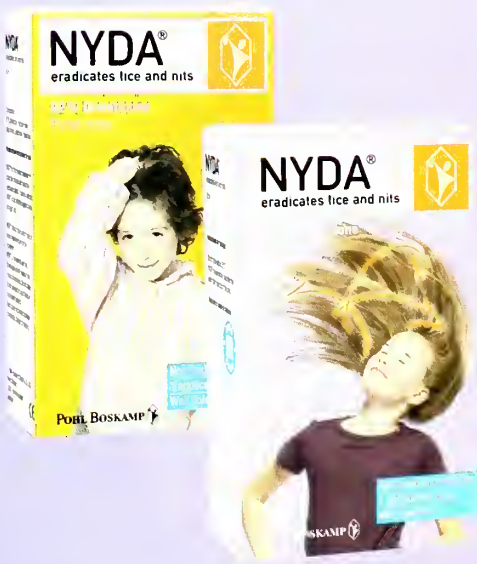
Anyone thinking of starting such a scheme needs to be aware that although the training is fairly minimal to start with, it will take up a lot of time once it is off the ground. It can also be quite emotional as people may unload the problems that led them to overeat in the first place.

But, says Ms MacPherson, it is worth it when those you are helping start to become healthier. "It will be interesting to see if we can get people off their statins or blood pressure drugs. I have one lady with arthritis who has lost a considerable amount of weight and it's making her arthritis better and it's made her so happy. If she keeps it up her quality of life will be so much better." ▶

> "You expect people to know what a carbohydrate is, but they don't, which was a big surprise"

Pam MacPherson – winner of the 2008 C+D Pharmacy Technician of the Year award – already has 49 people on her books

NEW



Which head lice treatment...

...offers outstanding results?
...works with only one application needed?
...is 100% effective against lice AND nits?[1,2]
...is evidence-based?[3]
...is supported by a multi-media consumer campaign?
...can you recommend with confidence?

NYDA® *The new standard in head lice treatment.*

Help to quit

One scheme that has had more chance to take hold in the pharmacy is smoking cessation, and as word of mouth spreads it is becoming more and more common for people to seek help.

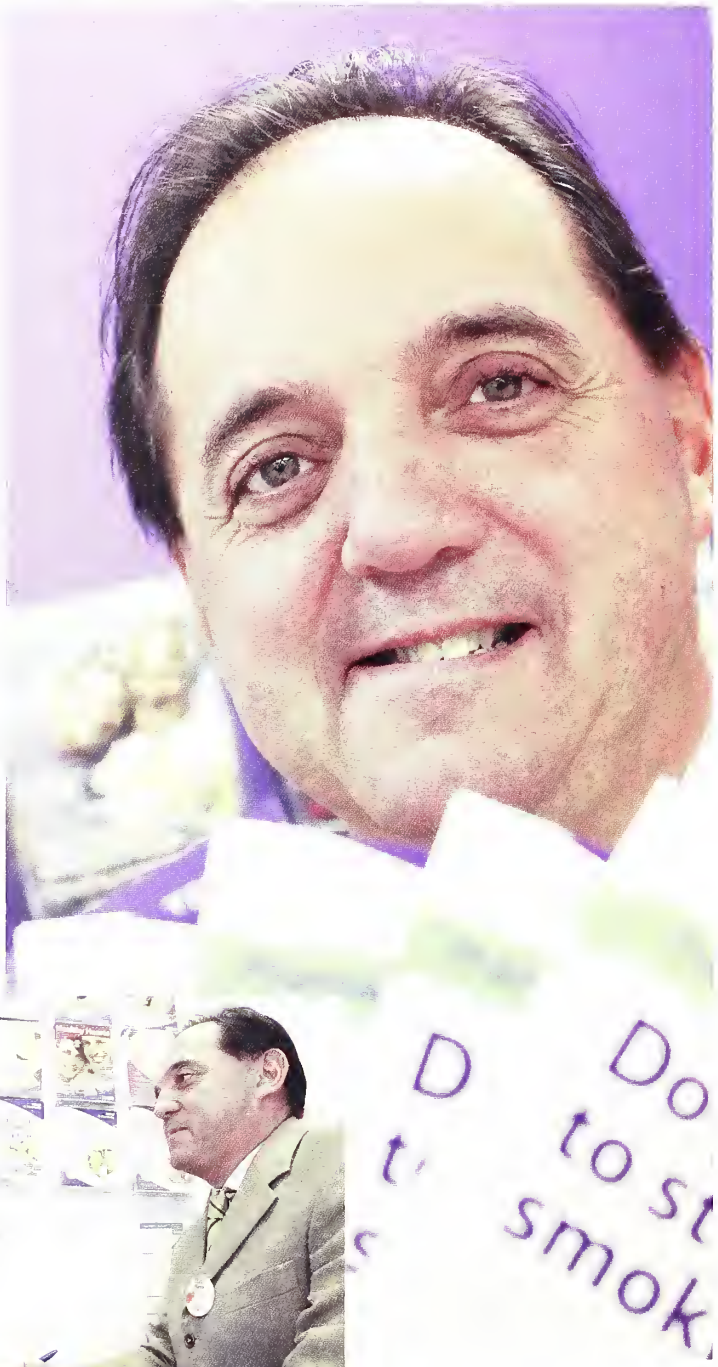
There are also increasing numbers of people seeking to quit smoking, with an estimated 400,000 extra people giving up since the public smoking ban came into force.

In the Borehamwood branch of Tesco the smoking cessation service has been running for five years and has seen more than 200 people give up the habit.

Set up in partnership with the local PCT through a Patient Group Direction, the pharmacy first offered a gimmick of a carbon monoxide test for shoppers coming through the door, which quickly turned into appointments for people deciding to quit.

Appointments take place in a private consultation room and initially patients are asked about their smoking habits, and their confidence about giving up is rated on a scale of one to 10 before a quit date is set.

Their carbon monoxide levels are measured and the pharmacist discusses the nicotine replacement products available to them.



> "Customers find coming to the pharmacy for help and advice... less intimidating than visiting their GP"

Marco Musetti sees patients in a private consultation room where their carbon monoxide levels are measured before possible NRT treatments are discussed

Pharmacy manager Marco Musetti explained the majority of quitters are in their late 30s to 50s, as the older people get, the more they notice the impact of smoking on their health.

"One of our customers had to have a heart bypass operation. She was smoking about 50 cigarettes a day and had to give up before the operation. This was a very difficult situation and in additional to the weekly checks and the NRT products, I offered her some additional support over the phone. She managed to quit smoking and had a successful operation."

He added that the team also see a lot of young mums who want to give up as pregnancy and birth can often be a strong catalyst for quitting.

One particular benefit quitters ▶

Nicotinell scores with football fans

Nicotinell is expanding on its sponsorship deal with the Football League with the launch of a new SMS competition and online mini-site.

Loyal fans will be able to win money for their beloved football club by using the new Nicotinell mini-site at www.matchdayrituals.co.uk to enter their own funny rituals. They can also enter by texting 'RITUALS' and the name of their club to 82100.

The two-year deal with the Football League is intended to target hard-to-reach C2D male smokers who rarely access health advice or pharmacies.

"The sponsorship of The Football League is a great way to get our message directly to our target audience. The campaign was hugely successful last year and we are hoping to build on that with this year's campaign. Men tend not to go into the pharmacy to get health advice so in order to reach them it makes sense for us to go to them" says the Nicotinell brand manager.

In addition, Nicotinell is working closely with local primary care trusts to raise awareness of the campaign and provide opportunities to get involved, such as holding smoking cessation clinics at the football clubs in the area.

Novartis Consumer Health, tel: 01403 210211, www.nicotinell.co.uk

have through choosing the pharmacy-based stop smoking services is the longer opening hours. "Customers find it very easy to access quit smoking support as they can stop by the pharmacy when they are doing their weekly shop."

He adds: "Giving up smoking is a very personal choice to make and we have found that some customers find coming to the pharmacy for help and advice about giving up less intimidating than going to see their GP."

Despite the service being in place for a number of years, Mr Musetti is not complacent. He now offers a range of other health services, such as blood pressure testing, which people can access at the same time as stop smoking advice. And recently he introduced the idea of a free money box to anyone setting a quit date so they could see just how much money they were saving.

"We have always had a positive feedback from customers about the quit smoking support we offer. They enjoy coming back for their weekly checks and feel we provide good assistance and professional service," he says.

An alternative to help smokers cut down

A new product to help smokers cut down before quitting has been launched from Lanes Health.

NicoBloc is a fluid containing water, corn syrup and citric acid and is applied to the end of a cigarette filter immediately before smoking. It is a two-step approach, first to help break the addiction to nicotine and then to give up the physical cigarette and hand-to-mouth habit. The fluid moistens the filter, cooling the smoke, and the tar and nicotine vapour molecules condense back into a solid form, sticking to the filter instead of being inhaled by the smoker, says the company.

A study into the product's effectiveness followed 491 smokers over six weeks and had a quit success rate of 58 per cent. Of those who didn't quit, 77 per cent reduced the number of cigarettes they smoked. Lanes Health says the product is especially useful for smokers who have tried to quit with other products but have been unsuccessful.

NicoBloc retails at £19.99 and each pack contains an instruction DVD, progress chart and a 15ml bottle providing two weeks' supply for a typical 20-a-day smoker.

Lanes Health, tel: 01452 524012, www.nicobloc.co.uk

Scared quitters can try NiQuitin Pre-Quit

NiQuitin has launched a 'pre-quit lozenge', designed to help ease smokers into giving up.

NiQuitin Pre-Quit Lozenges are part of a two to six-week structured programme for smokers who want to set a quit date but are scared of giving up all together.

A free NiQuitin Pre-Quit Pharmacy Education Pack is available to help pharmacies prepare for this new business opportunity, says GSK. To obtain a pack, call **0800 783 3927** or visit **www.MyPharmAssist.co.uk**

GSK Consumer Healthcare quotes research that reveals one in three quit attempts involves a gradual reduction of cigarettes but says that there had been no dedicated products to help consumers.

Power up sales with the Oral-B® range of Power Brushes!

Christmas and New Year gifting is an important time of year for sales of rechargeable toothbrushes. Last year, over 675,000[1] consumers bought into the power toothbrush market and sales of Oral-B® rechargeable toothbrushes increased by 11%[4] over the entire festive period.

Consumers are continually being driven by the desire for a dentist-feeling of clean', and with 8 out of 10[3] Oral-B® rechargeable brush users saying they'd recommend power brushes to friends and family, rechargeable brushes make the perfect gift.

Oral-B® predicts that the trend in sales will continue this year, so make sure your shelves are stocked with Oral-B®'s range of power toothbrushes in order to maximise your profits. Increased sales can often be credited to the vast amount of impulse purchases made at this time of year, therefore incremental displays outside of standard aisle are critical to increase sales in store during this period.

Did you know?

- Research shows that over 75%[4] of dentists now recommend rechargeable toothbrushes and Oral-B® is most frequently stated as brand of choice.
- Household penetration of rechargeable toothbrushes currently stands at 19.3%[6] in the UK – signifying plenty of scope to bring new users into the category.

Oral-B® has a comprehensive range of rechargeable toothbrushes to suit every pocket, starting with the Oral-B® Vitality™ range (RSP £29.99), to the Oral-B® Professional Care® range (RSP £39.99-£89.99), up to the technologically advanced Oral-B® Triumph with SmartGuide™ (RSP £139.99).

Oral-B® Vitality™ – a revolution in entry level-priced rechargeable technology. There is a choice of five different models, each developed to meet differing consumer needs:
ProBright – for naturally whiter teeth
White+Clean – for twice the cleaning action
Dual Clean – for a deep, thorough clean
Sensitive Clean – for people with sensitive teeth & gums
Sonic – for effective plaque & surface stain removal

Oral-B® ProfessionalCare™ 8000 Range – features unique Oral-B® 3-D technology that removes 2x as much plaque as an ordinary manual brush. Recommend the 3D cleaning technology and customers will really notice a difference.

- Featuring 40,000 pulsations per minute
- Automatic pressure sensor
- Professional 2 minute quad timer
- Protects from over brushing
- Variety of modes for different consumer needs

Oral-B® Triumph with SmartGuide™ – the only rechargeable toothbrush to be approved by The British Dental Health Foundation:

- Outstanding 3D oscillating-rotating cleaning action
- Remote wireless display
- Smart Technology to give you dentist-inspired feedback during brushing, helping you to brush better
- Up to 4 brushing modes to suit individual consumer needs

BEST BUY which? www.which.co.uk Electric Toothbrushes

References: 1. IRI vol data OND 07 2. Survey of 205 Uk consumers 3. Survey of 205 UK consumers 4. IRI Volume sales data Aug 2008 5. Andrew Lester Associates Research Dec 2006 6. ETCD March 2007

Brush like a dentist

For more information on Oral-B® rechargeable brushes, please visit **www.oralb.com/uk**

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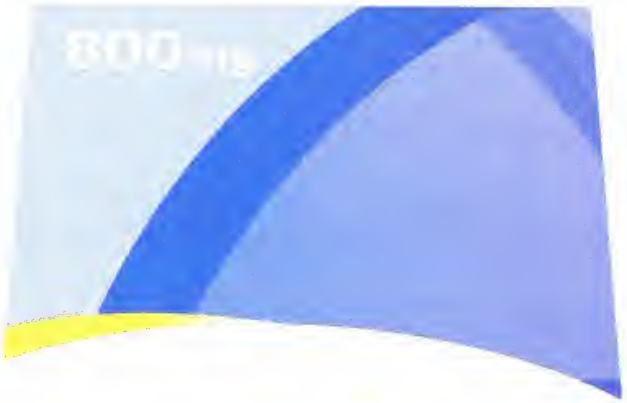


Asacol® 800mg MR tablets (MESALAZINE)

Introducing NEW

Asacol 800mg MR tablets, licensed up to 4.8g/day[1]

Each modified release tablet contains 800 mg mesalazine

℞ Asacol 800

by brand AND strength

Asacol® 800mg MR Tablets Abbreviated Prescribing Information

Presentation: Asacol 800mg MR Tablets, PL 00364/0083, each modified release tablet contains 800mg mesalazine (5-aminosalicylic acid). Product is supplied in plastic (HDPE) bottles containing 180 tablets (£124.86). **Indications:** Ulcerative colitis: Treatment of mild to moderate acute exacerbations. For the maintenance of remission. Crohn's ileo-colitis: Maintenance of remission. **Dosage and administration:** Adults: Mild acute exacerbations: 3 tablets a day in divided doses. Moderate acute exacerbations: 6 tablets a day in divided doses. Maintenance of remission of ulcerative colitis and Crohn's ileo-colitis: Up to 3 tablets a day, in divided doses. **Elderly:** The normal adult dosage may be used unless renal function is impaired. **Children:** Not recommended. **Contra-indications:** A history of sensitivity to salicylates or renal sensitivity to sulfasalazine. Confirmed severe renal impairment (GFR less than 20 ml/min). Hypersensitivity to any of the ingredients. Severe hepatic impairment. Gastric or duodenal ulcer, haemorrhagic tendency. **Precautions:** Use in the elderly should be cautious and subject to patients having a normal renal function. Discontinue treatment immediately if acute symptoms of intolerance occur including vomiting, abdominal pain or rash. Patients with the rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine because of the presence of lactose monohydrate. Standard haematological indices (including the white cell count) should be monitored repeatedly in patients taking azathioprine, especially at the beginning of such combination therapy, whether or not mesalazine is prescribed. Asacol should be used in extreme caution in patients with confirmed mild to moderate renal impairment. Renal function should be monitored (with serum creatinine levels measured) prior to start of treatment, and periodically during treatment, taking into account individual history & risk factors. Mesalazine should be discontinued if renal function deteriorates. If dehydration develops, normal fluid & electrolyte balance should be restored as soon as possible. Serious blood dyscrasias (some with fatal outcome) have been very rarely reported with mesalazine. Haematological investigations including a complete blood count may be performed prior to therapy initiation and immediately if the patient develops unexplained bleeding, bruising, purpura, anaemia, fever or sore throat. Stop treatment if suspicion or evidence of blood dyscrasia. Lactulose or similar preparations which lower stool pH should not be concomitantly administered. Concurrent use of other known nephrotoxic agents, e.g. NSAIDs & azathioprine, may increase risk of renal reactions. Mesalazine should therefore be used with caution during pregnancy and lactation when the potential benefit outweighs the possible hazards in the opinion of the physician. If neonate develops suspected adverse reactions consideration should be given to discontinuation of breast-feeding or discontinuation of treatment of the mother. **Undesirable Effects:** Common: nausea, diarrhoea, abdominal pain, headache, vomiting, arthralgia/myalgia. Rare reports of leucopenia, neutropenia, agranulocytosis, aplastic anaemia, thrombocytopenia, myocarditis & pericarditis, peripheral neuropathy, vertigo, bronchospasm, eosinophilic pneumonia, pancreatitis, alopecia, lupus erythematosus-like reactions and rash (inc. urticaria), bullous skin reactions, abnormalities of hepatic function and hepatitis, interstitial nephritis and nephrotic syndrome with oral mesalazine treatment, usually reversible on withdrawal. Renal failure has been reported. Suspect nephrotoxicity in patients developing renal dysfunction. Drug fever. Very rarely, mesalazine may be associated with exacerbation of the symptoms of colitis, Stevens Johnson syndrome & erythema multiforme, interstitial pneumonitis. **Legal category:** POM. **Marketing Authorisation Holder:** Procter & Gamble Pharmaceuticals UK Ltd, Egham, Surrey. TW20 9NW. Asacol is a trademark. © 2007 Procter & Gamble Pharmaceuticals. Refer to Summary of Product Characteristics before prescribing. Date of preparation November 2007 AS75S5.

Reference:

1. Asacol 800mg MR tablets Summary of Product Characteristics, September 2007

Date of Document Preparation January 2008. AS7609/55578.20

Adverse events should be reported to Procter & Gamble Pharmaceuticals UK Ltd on 01784 474900. Information about adverse event reporting can be found at www.yellowcard.gov.uk

Number crunching

Can the results of the C+D Pharmacy Partners Finance Survey give us any clues to help cope with the recession? Fiona Salvage analyses the figures

No matter how hard you try, it is difficult to hide from the global credit crunch, economic downturn and somewhat inevitable recession.

In the last recession pharmacists were not hit by a raft of redundancies, as it coincided with a shortage in the profession. And the plans for new schools of pharmacy were put into place. But as we enter another recession, these new schools of pharmacy are spewing out hundreds of pharmacy graduates, all looking for jobs.

Whether pharmacy has the capacity to employ them all isn't yet certain. Certainly redundancies in the sector have hit the headlines in recent weeks (C+D, October 18, p5, and OTC, November 2008, p6), but in the main these have been for support staff positions. Some comfort can be drawn from the fact that despite these conditions, 43 per cent of pharmacies reported that they are growing.

Sector specialist finance company Pharmacy Partners, which supplies working capital to pharmacies, is interested to know how the category M clawbacks and the current economic conditions are affecting community pharmacists – whether they be owners, employees or locums – and it carried out a survey in conjunction with C+D in late September. Here are the findings.

In case you hadn't noticed, October 2007's category M clawback is still affecting pharmacy businesses across the land. Significantly, most owners and directors have absorbed the hit themselves, with 67 per cent reducing their own pay and trying to maintain staffing levels and only 28 per cent cutting staff numbers. However, with Mervyn King, governor of the Bank of England, now talking with more certainty about a recession and the rises in redundancies and unemployment, this figure may not stay low for very long.

Owners have been finding other ways of reducing expenditure, as 50 per cent have cut other overheads and 45 per cent have deferred expansion plans. For some, cashflow appears to have been a worry as 33 per cent have extended or taken out an overdraft.

Before the words 'credit crunch' become part of our everyday vocabulary, pharmacies had been investing.

With pharmacy's own digital switchover still on the horizon in England, but not necessarily coming into focus very quickly, 47 per cent had invested in technology. Forty five per cent had begun to offer additional services, and 28 per cent invested heavily in their business with a shop refit.

However, the acquisition trail does seem to be the reserve of the multiples now, as although 15 per cent owners or directors said they had acquired additional premises in the 12 months before the credit crunch, the latest figures have revealed the number of independents has sunk to an all-time low. Or maybe the others knew something we didn't? With 67 per cent of owners and directors saying they rely moderately or significantly on their accountant's advice, maybe it was they who were gifted with foresight.

When investment did take place, 32 per cent of expansion activities were funded by directors' loans or own equity, 25 per cent through a bank loan and only 23 per cent through trading profit. It is definitely more difficult for

What does the average pharmacy look like?

6,300 NHS items dispensed per month. Owned for **6.7** years. **45** per cent are static, **43** per cent are growing. **33** per cent are financed by a bank loan. **30** per cent by own equity or director's loan. **5.5** years left on a wholesaler loan.

One of the biggest issues with running any business is cashflow

pharmacists seeking to make an acquisition to secure a loan. And even if they do, the amount you can typically borrow is now less, meaning more equity needs to be contributed. Which in these days of category M and recession is becoming harder.

Andy Harwood, associate director of Pharmacy Partners, comments: "Over the past four months Pharmacy Partners has seen a marked increase in the number of pharmacists enquiring about, and taking up, our services as bank and wholesaler loan finance is inevitably proving more restrictive and in some cases facilities are now being withdrawn.

"With Pharmacy Partners, the portion of turnover currently caught up in the PPD payment cycle – typically 10 per cent of NHS turnover – can be used as part of an acquisition finance package, for a refit or adding new services. Ongoing immediate payment can be used for working capital, for example to negotiate cash discounts with suppliers or to fund growth as your NHS dispensing increases. Our facility can be put in place in days."

Although there has been some investment in services, they are going to be hit hard by the changing economic climate, the survey reveals.

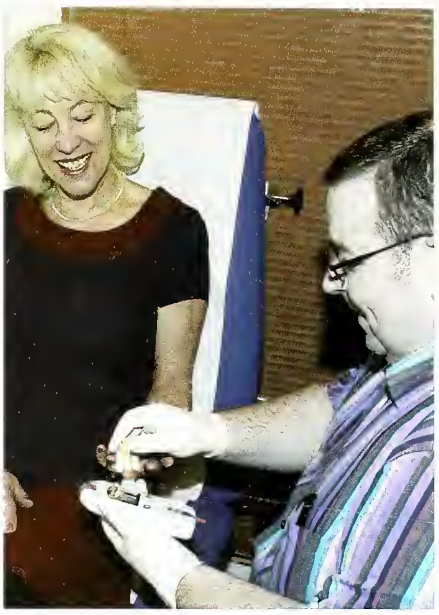
At a time when pharmacy is being encouraged to branch out into a whole range of primary care services, there is little spread of what services pharmacies are offering, with most focusing on emergency hormonal contraception, home delivery and essential services. And it seems that plans to remedy this have been curtailed by finances, as only 18 per cent of respondents are planning to invest in offering new services in the next 12 months.

Raj Nutan, head of business development at the NPA, says it is a good idea to balance income streams if you can and become less reliant on the income from one customer, especially in light of what happened with category M clawback. Although it was easier to diversify 12 to 18 months ago, he adds "that's not to say you shouldn't diversify". "Look at what generic products you stock," he advises, adding that OTC customers will be looking to make generic substitutions for products they need such as cold and flu remedies. Highlighting the increase in sales of discount chains such as Lidl and Netto, Mr Nutan says customers are still out buying groceries, but are looking for cheaper alternatives – pharmacy is very similar and should look to short and full-line wholesalers and consider own-label ranges.

One of the biggest issues with any business is cashflow. Not balancing your creditors and debtors has done for many businesses. Pharmacy is in the unfortunate position of being paid for NHS services three months after the event and, with stockholdings of pharmaceuticals a risky investment because of impending PPRS changes, getting hold of your cash early could be beneficial.

When asked the biggest benefit of being paid immediately, 45 per cent said it would be cashflow to cover running costs, with 31 per cent saying the money would assist cashflow in the wake of the category M payment reduction. Twenty one per cent would use it to invest in an expansion, whereas 10 per cent would be looking to use it to enhance their position in negotiation with suppliers.

Mr Harwood adds: "Pharmacy Partners, a part of Centric Commercial Finance Ltd, a private equity backed business, is extremely well positioned to support pharmacies with working capital during the current difficult market conditions." Contact him on 07739 953 962, 0808 144 5554 or email info@pharmacypartners.com



Useful contacts for new services

For diagnostic services, including anticoagulation: Patient Monitoring in Practice distance learning course from C+D and the Medway School of Pharmacy is available from C+D on 01732 377269 or www.chemistanddruggist.co.uk/pharmacists

For allergy: the NPA and Allergy UK have joined forces, for the Allergy Resource Pack and Training call Allergy UK on 01322 611 650.

For chlamydia and repeat dispensing resource packs: call the NPA on 01727 858687.

For MURs: the award-winning Skills for the Future MUR course is available from C+D on 01732 377269 or www.chemistanddruggist.co.uk/pharmacists

Most and least popular non-essential services

Of those who are current providers, the five most popular non-essential services were:

EHC	81 per cent
Home delivery	77 per cent
MURs	63 per cent
Gluten-free food	63 per cent
Smoking cessation	62 per cent

Whereas the five least popular services were

Anticoagulation	1 per cent
Prescribing	3 per cent
Supplementary prescribing	4 per cent
Allergy testing	6 per cent
Disease-specific medicines management	6 per cent

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PRESCRIBING INFORMATION. XENICAL (orlistat). Indications: XENICAL is indicated in conjunction with a mildly hypocaloric diet for the treatment of obese patients with a BMI ≥30 kg/m^2, or BMI ≥28 kg/m^2 with associated risk factors. Treatment should be discontinued after 12 weeks if patients have been unable to lose ≥5% of their body weight. **Dosage and administration:** One capsule immediately before, during or up to one hour after meals (only 30% of calorie intake from fat). **Contra-indications:** Chronic malabsorption syndrome, cholestasis, breast-feeding, known hypersensitivity to any component of the product. **Precautions:** Monitor anti-diabetic drug treatment. Co-administration of orlistat with ciclosporin is not recommended. Treatment may potentially impair the absorption of fat-soluble vitamins (A, D, E, and K), patients should be advised to have a diet rich in fruit and vegetables. The possibility of experiencing gastrointestinal events may increase when orlistat is taken with a diet high in fat. Caution should be exercised when prescribing to pregnant women. Studies have shown no interaction between orlistat and oral contraceptives, however an additional contraceptive method is recommended to prevent possible failure of oral contraception that could occur in case of severe diarrhoea. Rare cases of rectal bleeding, generally of mild intensity have been reported and prescribers should investigate further if symptoms are severe or persistent. **Drug Interactions:** A decrease in ciclosporin levels has been observed in an interaction study. Co-administration with acarbose should be avoided. INR values should be monitored if patient is on warfarin or other anticoagulants. Reinforcement of clinical and ECG monitoring is warranted if patient is on amiodarone. **Side-effects:** Please consult the Summary of Product Characteristics for full details of adverse events. **Common:** Influenza, anxiety, headache, respiratory infection, urinary tract infection, menstrual irregularity, fatigue and gastrointestinal such as oily spotting, abdominal pain, increased defecation and flatulence. Treatment adverse events in type 2 diabetics included hypoglycaemia and abdominal distension. The incidence of adverse events decreased with prolonged use of orlistat. **Serious:** Very rare cases of increases in liver transaminases and alkaline phosphatase and also cases of hepatitis. Very rare cases of bullous eruptions, diverticulitis and cholelithiasis. Rare hypersensitivity reactions of angioedema, bronchospasm and anaphylaxis. **Legal Category:** POM. **Presentation and Basic NHS Cost:** Xenical 120mg (84 capsules) £33.58. **Marketing Authorisation Number:** EU/1/98/071/003 (84 capsule blister pack). **Marketing Authorisation Holder:** Roche Registration Limited, 6 Falcon Way, Shire Park, Welwyn Garden City, AL7 1TW, UK. Further information is available on request. Xenical is a registered trade mark. **Date of preparation:** July 2008.

References: 1. Data on file, Xeni 1008. **2.** Torgerson JS et al. Diabetes Care 2004; 27: 155-161. **3.** Hollander PA et al. Diabetes Care 1998; 21: 1288-1294. **4.** Hauptman J et al. Arch Fam Med 2000; 9: 160-167. **5.** Rossner S et al. Obes Res 2000; 8: 49-61. **6.** Xenical Summary of Product Characteristics, June 2008.

XENICAL
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Pharmacy Update 2009 registration form

Please register me for Pharmacy Update in 2009.

❑ I enclose a cheque payable to CMP Information for £27.50

❑ Please charge £27.50 to my credit/debit card

❑ I am enrolling a colleague (form enclosed). I enclose a cheque for £22.50/charge my credit/debit card £22.50

Card Payment Details

Card type: Credit ❑ Visa ❑ Mastercard ❑ Debit ❑

Maestro ❑ Other (please state) _____

Card No: _____

Expiry date: _____ Issue No (debit cards): _____

❑ I wish to use the telephone assessment service

❑ I wish to use the online assessment service*

*Please note in order to use this service you will be registered on the C+D website which will also provide you with email newsletters. You must provide an email address to use this service.

Name:

Address:

Postcode:

Date:

Signature:

Daytime phone number:

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C+D

0207 921 8123

Booking and copy date
12 noon Monday prior
to Saturday publication subject
to availability

Contact:
Andrew Walker
Chemist+Druggist (Classified),
CMP Medica Ltd
Ludgate House
245 Blackfriars Road
London SE1 9UY

T: 0207 921 8123
F: 0207 921 8136

www.chemistanddruggist.co.uk
c&dsales@cmpi.biz

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Please send CV to info@houlihanpharmacy.com as soon as possible

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A truly different pharmacy role!
Achieve a new quality of life!

Working in modern premises located in the lovely town of St Peter Port, Guernsey you will join a dynamic pharmacy business specialising in the growing market for aesthetic and integrative private prescriptions. Pleasant low level counter contact and low prescription numbers – definitely not a prescription factory! Finished by 5.30 pm Monday to Friday, very limited weekend working (one hour every six weeks) you will have the time to follow your own interests outside of work.

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A package of circa £50-60k which will include a five year local market housing licence is available for the right individual.

health change

Please contact: Karen Hill,
Managing Director
in confidence on 01481 748065 or
email kh@pharma-e.com

C+D

To advertise your service or vacancy we have the 20th December still available. Contact Andrew Walker on 0207 921 8123 or email awalker@cmpmedica.com.

Christmas - Saturday 20th December is our final issue of 2008

New Year - Saturday 10th January is our first issue of 2009

Locum Agencies

LOCUM PHARMACIST'S HANDBOOK

ONE-STOP information source for LOCUM PHARMACISTS.
Contents: Directory of LOCUM AGENCY; Getting work from LOCUM AGENCY; Best available TERMS . . . £35 PER HOUR ON OFFER; Update on Pharmacy NHS Services; Useful web-addresses and phone numbers: The Locum Agency, RKD Consultancy, Pharmassist, Locumplete, National Locums, HPSL, Saprite, Adjuvant, Last Minute Locums, Pulse Locums and HCL Healthcare.

To order your FREE copy and register for work with one of our agencies, please contact us on:

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Email: Locumspress@aol.com

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Training provided during the weekend period (small groups) to acquire MUR Accreditation.

Our training allows you to:-

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email: enquiries@ejgeorge.co.uk

SOUTHERN OFFICE
(Business Sales only)
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email: anjana@bulsara.com

Pharmacies Wanted

PHARMACY BUSINESS TRANSFER LTD

WOULD LIKE TO THANK ALL OUR CLIENTS FOR THEIR SUPPORT IN 2008 AND WE HOPE THAT YOU ALL HAVE A LOVELY CHRISTMAS AND A PROSPEROUS NEW YEAR. WE LOOK FORWARD TO HELPING BOTH OLD AND NEW CLIENTS IN 2009 TO EITHER BUY OR SELL THEIR PHARMACY BUSINESSES ANYWHERE IN THE COUNTRY.

PLEASE GIVE US A RING IN CONFIDENCE.

DENIS O'LEARY: TEL: 01206 323808 or 07920 476222
E-Mail: denis.oleary@pharmacybusinesstransfer.co.uk

HUTCHINGS PHARMACY SALES

South West	T/O C:	£1,400,000
Devon	T/O C:	£800,000
Bedfordshire	T/O C:	£545,000
Devon	T/O C:	£470,000
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East London (100 hours Health Centre Pharmacy)	T/O C:	£720,000

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Open Mike — Mike Hewitson

The not-so-secret diary of a new pharmacy owner

Mike Hewitson is a glutton for punishment. In the midst of economic downturn and with first-time fatherhood looming, Mike has bought his first pharmacy. In this regular column, follow him from his former home in Cheltenham to Beaminster Pharmacy in deepest, darkest Dorset, and Mike will reveal the fears, frustrations and step-by-step successes of a new pharmacy owner.

> "Being self-employed is great. I just booked a locum and went"

Public relations was the aim this week. I was invited to a town hall event designed to showcase all the different agencies and sources of help available to older people in our area. Everyone from the Benefits Agency to the local police had a stall.

As the only pharmacy in a town where half of the population are over 50 years old, I felt I had a duty to attend – besides the fact that one of my out-of-town rivals was also in attendance!

The event gave me the first opportunity to get out of the pharmacy to do something I felt was important. Being self-employed is great because I didn't have to justify wanting to go to anyone – I just booked a locum and went!

It was worth it. I was able to have a number of useful conversations about medicines – unlike the other pharmacy, whose only goal appeared to be pushing MDS and their collection and delivery service.

I managed to say hello to a lot of patients and carers, and to network with other agencies that might be able to help us in the future, such as the occupational therapy rehab team.

But most importantly, we got to be seen – which is not to be under-estimated when trying to build your reputation in a small community.

Weldricks wins for employee support

Weldricks has been recognised for its employee support with a national award from the British Chambers of Commerce.

The northern chain received the Excellence in People Development accolade at the 2008 Chamber Awards, celebrated at the National History Museum.

"Weldricks shows how developing a workforce to the highest standards can give a business a real competitive edge," said Sharon Forton, director of business services at the Learning and Skills Council (pictured, right, presenting Weldricks training manager Marilyn Jones with the award).

We're getting about a bit...

PostScript is delighted to see that the Chemist+Druggist brand is continuing to expand into international markets. A recent visitor to Mumbai, India, spotted at least two pharmacies sporting the name (pictured) but sadly did not ascertain whether the owners were true fans or inadvertent supporters of the magazine.

The sighting also begs the question: where next for C+D?

If you spot the C+D name in any unusual spots, email your photos to: postscript@cmpmedica.com

Web comment of the week

Crunch time as Society awaits members' verdicts on prospectus
Posted by Marc Baffoe-Bonnie on 28/11/2008, 11:59

> One wonders **why** the Society could not provide "**leadership**, representation and advocacy" before... **Blathering** on about post-nominals etc just shows how **out of touch** these people are

Have your say on C+D's website
register for free at www.chemistanddruggist.co.uk

Did you miss last week's video interview with Mike?
Go to the Digital Edition
at www.chemistanddruggist.co.uk/digital

NEW FOR 2009

The OTC Learning Zone brings your staff...

COUNTERPART PLUS

Pharmacy Assistant Development

Counterpart Plus, ***the*** training programme for qualified counter assistants, returns in 2009 with a fresh new look and 36 training modules on POM to P switches, health conditions and practical advice.

For a one-off fee per pharmacy of £50+VAT, up to five of your staff will enrol on a 12-month training course with access to a telephone marking line. Additional staff members can join for £10 each.

You already receive OTC as part of your C+D subscription package so registering couldn't be easier – just one call and we do the rest.

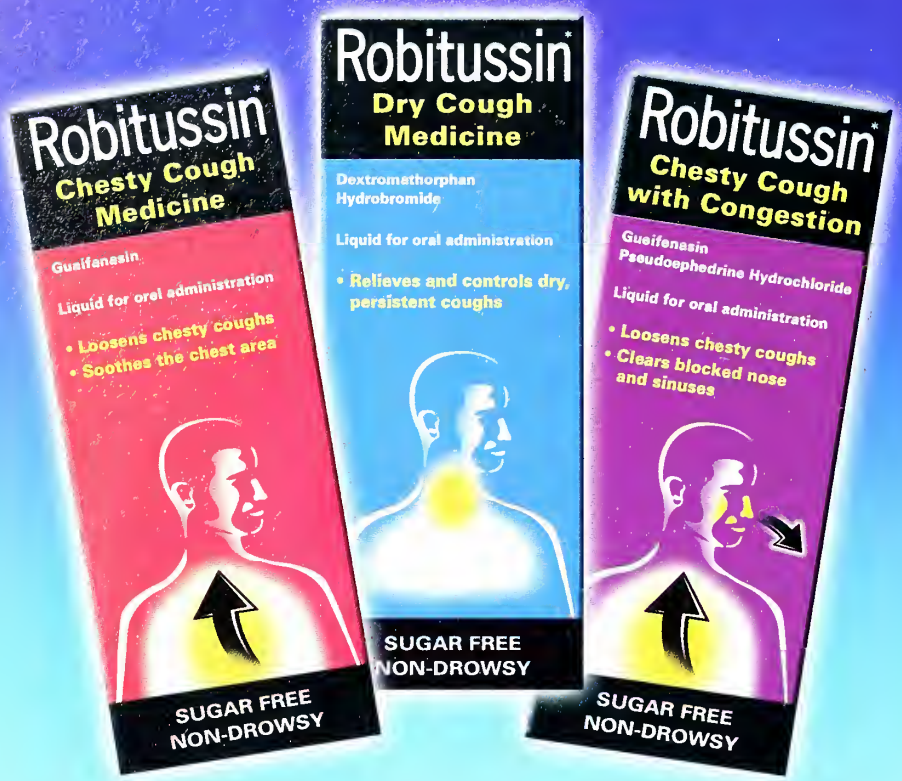
To register or for more information, telephone Pauline Sanderson on **01732 377269**

otc

Early bird discount – save £10

Register before 31 January 2009 for £50+VAT

INTRODUCING THE NEW Robitussin* PACKAGING



Updated look whilst retaining strong colours and clear graphics

Revised paediatric dosing in line with MHRA recommendations

Clear labelling of the sugar free, non-drowsy benefits

On-pack information on symptoms and the importance of adhering to dosage instructions

* Trade Mar

FEEL CONFIDENT TO RECOMMEND *ROBITUSSIN* - EXCLUSIVE TO PHARMAC

ROBITUSSIN* CHESTY COUGH MEDICINE.

Name of product: Robitussin Chesty Cough Medicine. **Active ingredient(s):** Guaifenesin Ph Eur 100mg. **Product licence number:** PL 00165/0097. **Name and address of the product licence holder:** Wyeth Consumer Healthca SL6 0PH. **Supply classification:** P. **Indications:** Expectorant for the treatment of coughs. **Side Effects:** Nausea, vomiting, hypersensitivity reactions. **Contra-indications:** Hypersensitivity to any of the constituents. Use in childr under 2 years. Use in combination with other cold, flu or decongestant products in children under 6 years of age. **Interactions:** None known. **Pregnancy and lactation:** The potential benefit of treatment should be balanc against any possible risks. **Effects on ability to drive and use machines:** No or negligible influence. **Dosage:** Adults, the elderly and children over 12 years: One 10ml measure up to four times daily. Children: 6 – 12 years: O 5ml measure up to four times daily. 2 – 6 years: One 2.5ml measure up to four times daily. **Warnings:** Causes of chronic cough should be excluded if symptoms are persistent. Accompanying symptoms should be actively sou and treated. Patients with rare hereditary problems of fructose intolerance should not take this product as it contains Sorbitol and Maltitol. This product contains Amaranth (E123) which may cause allergic reactions. Th product also contains small amounts of ethanol (alcohol), less than 100mg per 5ml dose. **Cost:** Amber plastic bottles of 100ml RRP £3.85. **Date:** June 2008.

ROBITUSSIN* CHESTY COUGH WITH CONGESTION MEDICINE.

Name of product: Robitussin Chesty Cough with Congestion Medicine. **Active ingredient(s):** Guaifenesin Ph Eur 100mg, pseudoephedrine hydrochloride BP 30mg. **Product licence number:** PL 00165/0098. **Name and address the product licence holder:** Wyeth Consumer Healthcare, SL6 0PH. **Supply classification:** P. **Indications:** Nasal decongestant and expectorant for the symptomatic relief of respiratory tract disorders. **Side Effects:** Sympto of central nervous system excitation may occur (sleep disturbance and, rarely hallucinations). Skin rashes with or without irritation, and urinary retention. **Contra-indications:** Hypersensitivity to any of the ingredients. Use patients with ischaemic heart disease, thyrotoxicosis, glaucoma, diabetes, enlargement of the prostate or urinary retention. Patients currently receiving or who have within two weeks received, monoamine oxidase inhibito Patients receiving tricyclic antidepressants. Patients receiving other sympathomimetic drugs. Use in children under 2 years of age. Use in combination with other cold, flu or decongestant products in children aged 2 to 6 ye of age. **Interactions:** Cardiac arrhythmias have been reported if given to patients receiving cardiac glycosides. May increase blood pressure and therefore special care is advisable in patients receiving antihypertensive thera **Pregnancy and lactation:** Not to be used in pregnancy unless on the advice of a doctor. **Effects on ability to drive and use machines:** None stated. **Dosage:** Adults the elderly and children over 12 years: One 10ml measure to four times daily. Children: 6-12 years: One 5ml measure up to four times daily. 2-6 years: One 2.5ml measure up to four times daily. **Warnings:** Not to be taken by patients taking either cardiac glycosides or anti-hypertens agents, except on a doctor's advice. Not to be given to children under 6 years of age unless directed by a doctor or pharmacist. **Cost:** Amber plastic bottles of 100ml RRP £3.85. **Date:** January 2008.

ROBITUSSIN* DRY COUGH MEDICINE.

Name of product: Robitussin Dry Cough Medicine. **Active ingredient(s):** Dextromethorphan hydrobromide Ph Eur 7.5mg. **Product licence number:** PL 00165/0100. **Name and address of the product licence holder:** Wy Consumer Healthcare, SL6 0PH. **Supply classification:** P. **Indications:** For the relief of persistent dry irritant coughs. **Side Effects:** Gastrointestinal upset, dizziness. **Contra-indications:** Hypersensitivity to any of the constitue Use of a monoamine oxidase inhibitor (MAOI) or for 14 days after stopping the MAOI drug. **Interactions:** Risk of hyperpyrexic crisis when MAOI are taken in combination with dextromethorphan. Amiodarone and quinidine increase serum concentrations of dextromethorphan. **Pregnancy and lactation:** The potential benefit of treatment should be balanced against any possible risks. It is not known whether dextromethorphan or its metaboli are excreted in human milk. **Effects on ability to drive and use machines:** No or negligible influence. **Dosage:** Adults: 10ml three or four times daily. Children 6-12 years: 5ml three or four times daily. Children under 6 years: recommended. **Warnings:** Patients suffering from chronic cough, asthma or patients suffering from an acute asthma attack and any accompanying symptoms should be actively sought and appropriately treated. Use caution in patients with hepatic dysfunction. This product contains Amaranth (E123), which may cause allergic reactions. This medicine contains small amounts of ethanol (alcohol), less than 100mg per 5ml dose. Patients w rare hereditary problems of fructose intolerance should not take this medicine because this product contains Sorbitol and Maltitol. **Cost:** Amber plastic bottles of 100ml RRP £3.85. **Date:** May 2008.